

COLIFORM BACTERIA ANALYSIS					
D-1-0 1 0 "	ime Sample	County			
12 12108	Collected				
Month Day Year	35 AM C1	ALLAM			
Type of Water System (check only one bo		. medali			
☐ Group A Public	☐ Private Household				
Group B Public	Other_ A/T N	C			
Group A and Group B Systems – Provide	from Water Facilities Invento	ory (WFI):			
The state of the s	26				
System Name: 7 CEASO	5 / 4 / 1				
Contact Person: JEFF BE	S CASINO				
	Cell Phone: ( )				
Eve. Phone: ( )	FAX: ( )				
Send results to: (Print full name, address and zip	code)				
JAMESTOWN					
1033 010 BLy	in Hiway				
SEQUIM WA 9					
	NFORMATION				
Sample collected by (name):					
JEFF.	BECKER				
Specific location where sample collected (ac	dress or sample site, and ty	pe of faucet):			
Special instructions or comments:	NESTROOM				
# RICE TO JAM	ESTOWN TRIB	38			
Type of Sample (must check only one box of	f #1 through #4 listed below	)			
1. Routine Distribution Sample	2. Repeat Sample (fol				
Provide information below.  Chlorinated: Yes No	to an unsatisfactor				
Chlorine Residual: Total Free	Provide information below				
3. Raw Water Source Sample	Unsatisfactory routine lab	number:			
Required for Surface Water, GWI, and	Unsatisfactory routine colle	ect date:			
some Spring Sources	//				
s	Chlorinated: YesNo	5			
Public Systems must see id- C.	Chlorine Residual: Total	Free			
Public Systems must provide Source Number from (WFI)  4. Sample Collected for Information Onle		360 367 35			
Construction Repairs Privi		en it who had			
LAB USE ONLY DRINKING WA					
Unsatisfactory	Satisfacto	AB USE ONLY			
Total Coliform Present and	IN A P B	0 00 0			
☐ E.coli present ☐ E.coli abser		VEN			
☐ Fecal coliform present ☐ Fecal coliform		2000			
Replacement Sample Required	n men - o	2000			
Sample not tested because:	Test unsuitable because:				
Sample too old (>30 hours)	TNTC U.S. EPA REG	ION 10 VATER			
Improper Container	☐ Turbid culture	MER			
Bacterial Density Results: Plate Count					
T-1-10 "	/ml. E.coli				
Method Code:	Date and Time Re	/100ml.			
MICR- 2 7 2 0	12-2-0d				
Date Analyzed: /2 2 - 2 f	Date Reported:	- 4 miles			
092 11043	Lab Use Only:	Bhill			
Sample Number (DOH number plus five digits)					

### COLIFORM BACTERIA ANALYSIS

COLII OKIVI DA	ACTERIA A	MALISIS
	me Sample Collected	County
Month Day Year	35 PA	1/2// 0-
Type of Water System (check only one box		V m m sign on a file.
Group A Public	Private House	cohold
The second secon	Other_	wer a lift
Group A and Group B Systems – Provide fr		
ID# I H 3 8	2 6	-
System Name: 7 CEDAKS	CASin	0
Contact Person:		med at the document
Day Phone: ( ) 681-4602	Cell Phone	
Eve. Phone: ( )	FAX: (	)
Send results to: (Print full name, address and zip of	the other con-	
JAMESTOWN		
1033 old BL	yn Hiw	AY
SEGUIM WA 98	382	1100000
SAMPLE	NFORMATIO	N
Sample collected by (name):	BECKER	idunisumnes toov.
Specific location where sample collected (ad	dress or sample	site, and type of faucet):
Special instructions or comments:	and have been	entre benden, de esta
		Wn TRIBE
Type of Sample (must check only one box of		
1. Routine Distribution Sample		Sample (follow-up
Provide information below.	A Maria Charles	satisfactory sample)
Chlorina Residuell Tatal	Provide inform	
Chlorine Residual: Total Free	Unsatisfactory	routine lab number:
3. Raw Water Source Sample Required for Surface Water, GWI, and	Upostiofostory	marking a silvert state
some Spring Sources		routine collect date:
La L		esNo
S		ual: Total Free
Public Systems must provide Source Number from (WFI)		
4. Sample Collected for Information On		MY SET DO ISACEAN
Construction Repairs Priv	vate Residence_	Other
LAB USE ONLY DRINKING WA	ATER RESUL	TS LAB USE ONLY
☐ Unsatisfactory	7	Satisfactory
Total Coliform Present and		1
☐ E.coli present ☐ E.coli abse	THE RESIDENCE OF THE PARTY OF T	
☐ Fecal coliform present ☐ Fecal coliform	orm absent	FIVED
Replacement Sample Required	1	
Sample not tested because:	Test unsuitab	ole because
Sample too old (>30 hours)	□ THEC	2 3 2008
Improper Container	☐ Turbid cu	Iture
	U.S. EF	PA REGION 10
Bacterial Density Results: Plate Count	/ml. E.	coli/100ml.
100	cal Coliform	/100ml.
Method Code: MICR- 2 7 2 0	Date	and Time Received:
Date Analyzed:	Date	Reported: 10 45 Am
14-13-00		Ise Only:
092 Sample Number (DOH number plus five digits)		Shill
DH Form #331-319 (revised 8/05)		

COLIFORM	BACTERIA	A ANA	ALYSIS
	Time Sample		County
11 2408 34	Collected	7	
Month Day Year	3 42	AM PM	CLALLAM
Type of Water System (check only one bo	ox)	W.	CITIAN AS SERVE
Group A Public	☐ Private I		
Group A and Group B C.	Other_	N	INC
Group A and Group B Systems – Provide	from Water Fa	acilities l	nventory (WFI):
System Name: 7 CEDAN	is CA	Sini	in the dispersion of
Contact Person: 3 E F F BE			
Day Phone: ( ) 681-460	Cell Pho	one: (	) * * * * * * * * * * * * * * * * * * *
Eve. Phone: ( )	FAX: (	)	
Send results to: (Print full name, address and zip	TRIB	E	the not see and
1033 060 8	SLUM H	1/11/19	y descriptions
SEQUIM WA	6020	2	3
	INFORMAT	TION	
Sample collected by (name):	BECKEN	e	ithem at an
Specific location where sample collected (a	iddress or sam	nple site,	and type of faucet):
Special instructions or comments:			
Type of Sample (must check only one box	of #1 through	#4 listor	I holow
1. Routine Distribution Sample			ole (follow-up
Provide information below.	The second secon		sfactory sample)
Chlorinated: YesNo	Provide info		
Chlorine Residual: Total Free			ne lab number:
3. Raw Water Source Sample			
Required for Surface Water, GWI, and some Spring Sources	Unsatisfacto	ory routin	ne collect date:
	Chlorinated:	· Yes	No
S			otal Free
Public Systems must provide Source Number from (WFI)	PLICE TO THE		M. Constant and a local
4. Sample Collected for Information On			zi birazma sakus
Construction Repairs Pri	vate Residenc	ce	Other
LAB USE ONLY DRINKING W	ATER RES	ULTS	LAB USE ONLY
Unsatisfactory	-	Sat	tisfactory
Total Coliform Present and  ☐ E.coli present ☐ E.coli abse	In El		
☐ E.coli present ☐ E.coli abse			
Replacement Sample Required	orm absent	nv 2	6 2008
Sample not tested because:		0 1	0 2000
☐ Sample too old (>30 hours)	Test unsuit	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	The second secon
J Improper Container OFFICE OF WATER			
		culture	N. S. C.
acterial Density Results: Plate Count	/ml	E coli	/100ml.
110 "		E.00II	/100ml.
lethod Code:			ime Received:
IICR- 2720			
ate Analyzed: 11-24-08		te Repor	
92 1100	Lab	b Use Or	nly: 3mp
mple Number (DOH number plus five digits) Form #331-319 (revised 8/05)			
001 010 (ICVISED 0103)		1965232	

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COLIFORM	BACTERIA	ANA	ALYSIS
Date Sample Collected	Time Sample	44.29	County
11 14108	Collected		
Month Day Year		AM PM	CLALLAM
Type of Water System (check only one		] PM	CCMICAM
Group A Public	Private I	Llavaaha	ia P
Group B Public	Other_		
Group A and Group B Systems – Providence		-	
			inventory (vvFi):
ID# <u>T H 3 8</u>	E	_	*
System Name: 7 CZOA	Is Casin	00	
Contact Person: TEFF 86			al empirical and
Day Phone: ( ) 681-460	2 Cell Ph	ione: (	)
Eve. Phone: ( )	FAX: (	)	
Send results to: (Print full name, address and		- 6	
JAMESTOWN	TR!BE		
1033 OLD BL	In HiWA	4	
SEQUEN WA	98382		
	E INFORMA	TION	
Sample collected by (name):			
	BECKE	R	
Specific location where sample collected	(address or sar	mple site	, and type of faucet):
CA-OL WOMENS	RESTR	2000	1
Special instructions or comments:	44 4 4	-	100
Type of Sample (must check only one b			
1. Routine Distribution Sample			nple (follow-up
Provide information below.			isfactory sample)
Chlorinated: Yes No	Provide in		
Chlorine Residual: TotalFree			tine lab number:
3. Raw Water Source Sample			
Required for Surface Water, GWI, and	Unsatisfac	ctory rou	tine collect date:
some Spring Sources		/	
s	Chlorinate	d: Yes_	No
	Chlorine R	Residual:	Total Free
Public Systems must provide Source Number from (WFI)	24 1 1 1 1 2 1	1210	U CROCKED BOY II .
4. Sample Collected for Information			
Construction Repairs		and the second second	
LAB USE ONLY DRINKING	WATER RE	11/	
Unsatisfactory  Total Coliform Present and		1 S	atisfactory
☐ E.coli present ☐ E.coli and	abcont	-	
	coliform absent		
Replacement Sample Required	Comolin absent		EIVEN
Sample not tested because:			
Sample too old (>30 hours)	TAITAIT	NOV	ecause:
☐ Improper Container		id culture	
			'A REGION 10
Bacterial Density Results: Plate Count_	/m	al. E.coli	E OF WATER /100ml
Total Coliform/100ml.	Fecal Coliform		
Method Code:			Time Received:
MICR- 2 7 2 0			4-08 1120 AM
Date Analyzed: //-4-0	8 1	Date Rep	
092 1/18//	L	ab Use	Only: But
Sample Number (DOH number plus five digits)			
DOH Form #331-319 (revised 8/05)			

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIF	DRM BA	CTERIA AN	IALYSIS			
Date Sample Collected		ne Sample	County			
10/1/08		Collected	THE REPLACEMENT			
6		□ AM	CLALLAM			
Month Day Year	4	:44 PM	LLALLAM			
Type of Water System (check or	nly one box)	with books				
Group A Public		☐ Private House	hold //			
Group B Public		Other //	INC			
Group A and Group B Systems	- Provide fro	om Water Facilities	s Inventory (WFI):			
ID# I H 3	8	26				
7.0	= An-					
		IS CASI	AU			
	4 -	cken	mi sarago eman			
Day Phone: ( ) 681-	4600		)			
Eve. Phone: ( )	4659		)			
Send results to: (Print full name, add						
		The state of the s				
1033 010	1.7	1.0				
SEQUIM	WA	78382				
S	AMDI E II	NFORMATION				
Sample collected by (name):	AWIT LL II	VI OKWATION				
	CKIE	CARRO	11			
Specific location where sample of						
		BAR S				
Special instructions or comments		retained in	Water and the same			
		IEST DWA				
Type of Sample (must check on						
1. Routine Distribution Sam	ple	2. Repeat Sample (follow-up				
Provide information below.			atisfactory sample)			
Chlorinated: YesNo		Provide informat				
Chlorine Residual: Total Fr		Unsatisfactory ro	outine lab number:			
3. Raw Water Source Sample						
Required for Surface Water, GWI	, and	EL MEN TENNINE C	outine collect date:			
some Spring Sources			No.			
S		Chlorina Pasidus	al: Total Free			
Public Systems must provide Source Number from	(WFI)	Chionne Residua	al. Total Free			
4. Sample Collected for Infor		lv				
Construction Repairs			Other			
LAB USE ONLY DRIN	The second secon					
☐ Unsatisfactory	INITO W					
Total Coliform Present and		X	Satisfactory			
☐ E.coli present ☐	F coli abso	unt				
☐ Fecal coliform present ☐		and the second second second second				
Replacement Sample Requi		min abscrit				
A STATE OF THE PARTY OF THE PAR		ERE	ENVED			
Sample not tested because:		est unsuitable	pecause:			
Improper Container	Sample too old (>30 hours)					
		CCT	re4 2008			
Bacterial Density Results: Plate Co	ount					
Total Coliform/10	Annual Control of the	/ml. E.co				
Method Code:	Of Of	LIOT OF THE	REGION 19			
MICR- 2 7 2 0		Date a	nd Time Received:			
Date Analyzed: /D-3		Data B	eported: \$ 11.15 Am			
10-3	2-08		e Only:			
092	2 2 2 2	200 03	Bhip			
Sample Number (DOH number plus five digits DOH Form #331-319 (revised 8/05)	)					

COLIFO	RM BACTER	IA AN	ALYSIS
Date Sample Collected	Time Sample	е	County
1016108	Collected		
	01 71	AM	CLALLAM
Month Day Year		☐ PM	LLALLAM
Type of Water System (check on	ly one box)		
Group A Public	☐ Privat		
Group B Public			
Group A and Group B Systems –	Provide from Water	Facilities	Inventory (WFI):
ID# I H 3	8 2	6	
Custom Names 7 CEA	0		
System Name: 7 CEO		no	MARKA SEPTEMBER SEPTEMBER
Contact Person:		DI /	
Day Phone: ( ) 681-	4602 Cell		
Send results to: (Print full name, addre		(	
JAM ESTOWS			
		W. LEF	A 28/33 3 3 5 2 9/3
1033 010	Blyn Hiw	Ay	
SEQUIM L	NA 98386	2	
SA	MPLE INFORM	ATION	
Sample collected by (name):			
	FF BECK	EK	
Specific location where sample co			e, and type of faucet):
CA-03 MAIN			
Special instructions or comments:		Name of the last	n d=
* BILL TO 3			
Type of Sample (must check only	1		
1. Routine Distribution Samp			mple (follow-up
Provide information below.			tisfactory sample)
Chlorina Paciduals Tatal			on below.
Chlorine Residual: Total Fre		factory ro	utine lab number:
<ol> <li>Raw Water Source Sample</li> <li>Required for Surface Water, GWI,</li> </ol>		r	
some Spring Sources	and Unsaus		utine collect date:
some opining sources	Chloring		/ No
S			: Total Free
Public Systems must provide Source Number from (	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	Residua	i. Total Free
4. Sample Collected for Inform			Statistical contraction
Construction Repairs		dence	Other
LAB USE ONLY DRINI			
Unsatisfactory	and market		Satisfactory
Total Coliform Present and		X	Saustactory
☐ E.coli present ☐	E.coli absent	1	
Fecal coliform present		ab a	
☐ Replacement Sample Require	1 100		BUBN
		2.11	
Sample not tested because:  Sample too old (>30 hours)		Insultable	because:
Improper Container		MES TO SERVICE	1 0 2000
		irbid cultu	
Bacterial Density Paguitte Dist.	unt III	0.0.	EPA REGION 10
Bacterial Density Results: Plate Co			CE OF WATER /100ml.
Total Coliform/100 Method Code:	Oml. Fecal Colifo		
MICR- 2 7 2 0		Date ar	d Time Received:
Date Analyzed:		Dato P	enorted:
Julio / Mary Zeu.	6-08	Lab Use	eported: 16-7-04
092	C PAN COLUMN	_ab 030	BF 4
Sample Number (DOH number plus five digits) DOH Form #331-319 (revised 8/05)			
20 dill #001-019 (levised 0/03)			

COLIFOR	M BA	CTERIA	AN	ALYSIS	108
Date Sample Collected		ne Sample Collected		County	144
9 16108			AM		
Month Day Year	9	27 1		CLAUL	m
Type of Water System (check only of	ne box)		23		Sept 1
Group A Public		☐ Private Ho	ouseh	old	
Group B Public		Other	2 1	NC	
Group A and Group B Systems – Pr	ovide fro	om Water Fac	ilities	Inventory (WFI):	
ID# 1 H 3	5	26			
System Name: 7 CE	DAR	LS CA	511	no	
Contact Person: JEFF	BEC	KER		and a state of the state of	E E I A
Day Phone: ( ) 681-5	1607	Cell Phor	ne: (	)	
Eve. Phone: ( )		FAX: (	)		
Send results to: (Print full name, address		ode)			
JAMESTOWN	-	IBE			
1033 060 6	Styn	Hiw	19	4	
SEQUIM W	A	98382			and the same
SAM	PLE II	NFORMAT	ION	dona marya	
Sample collected by (name):	FF	BEC	KE	K.	
Specific location where sample colle					):
	me	ins 1	?E	STROOM	MALE STATE
Special instructions or comments:	Ta	an b	1	1 or	
Type of Sample (must check only o					
1. Routine Distribution Sample				mple (follow-up	
Provide information below.				tisfactory sample)	
Chlorinated: YesNoX		Provide info	rmati	on below.	
Chlorine Residual: Total Free_		Unsatisfacto	ory ro	utine lab number:	
3. Raw Water Source Sample			-		
Required for Surface Water, GWI, an	d	Unsatisfacto	ory ro	utine collect date:	non-
some Spring Sources	1				
S				No No	108
Public Systems must provide Source Number from (WFI		Chiorine Re	sidua	I: Total Free	_
4. Sample Collected for Informa	tion On	ly	o Bi	E code Strain	
Construction Repairs	Priv	vaté Residenc	e	Other	
LAB USE ONLY DRINKI	NG W	ATER RES	ULT	S LAB USE O	NLY
☐ Unsatisfactory			V	Satisfactory	100/
Total Coliform Present and		ri II	/	\	
	coli abse	111			
	cal colife	orm absent			
Replacement Sample Required		11 1	94		
Sample not tested because:	-	- 3		because:	
Sample too old (>30 hours)		☐ TNTC			
Improper Contains REGION 10 OFFICE OF WATER AND WATE	RSHED	S Turbid	cultu	re	
Bacterial Density Results: Plate Coun	t	/ml	Eco	li /10	00ml.
Total Coliform/100m		ecal Coliform_		/100ml.	JOHN.
Method Code:			ate ar	nd Time Received:	
MICR- 2720			10	10 1612	0
Date Analyzed:	,			eported:	-06
092 105 17		La	b Use	e Only:	00
Sample Number (DOH number plus five digits)					

COLIFORM BACTERIA ANALYSIS					
Date Sample Collected	Time	e Sample		County	
92,08	Co	ollected	191		
	0		MA [	MALLAM	
Month Day Year	4	:14 [	] PM	CLALLAM	
Type of Water System (check or	nly one box)				
☐ Group A Public		☐ Private			
☐ Group B Public		Other_	1	TNC	
Group A and Group B Systems	- Provide fro	m Water F	acilities	Inventory (WFI):	
ID# <u> </u>	8	ス	6		
System Name: 7 CE	DARS	CA	511	0	
	FF B				
	-4602			)	
Eve. Phone: ( )	10100	FAX: (			
Send results to: (Print full name, add	ress and zin co				
JAMEST			SE		
1033 01	D BL	In H	iWA	lg and a second	
SEQUIP	and the same of th	-		The same and the same of the s	
S	AMPLE IN	FORMA	ATION		
Sample collected by (name):	EFF S	(-1)	90	TOWNS AND	
Specific location where sample	collected (add	dress or sa	ample si		
CA-05 CAS		BAR	56	voce sink	
Special instructions or comment		nest	2121	TRIBE	
Type of Sample (must check or					
1. Routine Distribution San		2000	7 1000	ample (follow-up	
Provide information below.	outharts			atisfactory sample)	
Chlorinated: YesNoX	* * * * * * * * * * * * * * * * * * *			tion below.	
Chlorine Residual: TotalF				outine lab number:	
3. Raw Water Source Samp		Chication	dotory i	outile lab Humber.	
Required for Surface Water, GW		Uncatief	acton, n	outine collect date:	
some Spring Sources	i, and	Olisatisti		/	
July 1 1 1	in and	Chlorina		sNo	
S	id days				
Public Systems must provide Source Number from	m (WFI)	Chionne	Residu	al: Total Free	
4. ☐ Sample Collected for Info		lv	10000		
Construction Repairs			ence	Other	
	NKING W				
Unsatisfactory				Satisfactory	
Total Coliform Present and			17	dusticity	
☐ E.coli present ☐	☐ E.coli abse	ent	10		
A PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE	Fecal colif			rojov garvojska i	
☐ Replacement Sample Requ		E	0	EIWEAL	
	nnis	儿二			
Sample not tested because:				le because:	
Sample too old (>30 hours)		41-		- 5 <b>2008</b>	
☐ Improper Container		Tu	rbid cul	ture	
		4	J.S. EP	A REGION 10	
Bacterial Density Results: Plate			and the boundaries	OI AND WATERSHE 109m	
	100ml. Fo	ecal Colifo	rm	/100ml.	
Method Code: MICR- 2 7 2 0		1	Date	and Time Received:	
Date Analyzed:	7-2-1	A.	Date	Reported: 9-3-08	
1034	9	d		Ise Only:	
092 / 0 9 6	7				
Sample Number (DOH number plus five dig	its)				

COLIFORM BACTERIA ANALYSIS							
Date Sample Collected Ti	me Sample County						
8 29 08	Collected						
Month Day Year	53 DAM CLALLAM						
Type of Water System (check only one box							
Group A Public	Private Household						
Group B Public	Other_NTNC						
Group A and Group B Systems – Provide f	rom Water Facilities Inventory (WFI):						
ID# I H 3 8 2 6							
System Name: 7 CEDIA	25 CASINO						
	ECKER						
Day Phone: ( ) 681-460	Cell Phone: ( )						
Eve. Phone: ( )	FAX: ( )						
Send results to: (Print full name, address and zip							
	RIBERRAMENTAL						
1033 OLD BLY.	1 Hiway						
SEQUIM WA 9	8382						
	INFORMATION						
Sample collected by (name): JEFF	BECKER						
Specific location where sample collected (a	ddress or sample site, and type of faucet):						
Special instructions or comments:	mestown TRIBE						
Type of Sample (must check only one box							
1. Routine Distribution Sample	2. Repeat Sample (follow-up						
Provide information below.	to an unsatisfactory sample)						
Chlorinated: YesNo	Provide information below.						
Chlorine Residual: Total Free	Unsatisfactory routine lab number:						
3. Raw Water Source Sample							
Required for Surface Water, GWI, and	Unsatisfactory routine collect date:						
some Spring Sources							
s	Chlorinated: Yes No						
Allo Ed to the Post of the Post of	Chlorine Residual: Total Free						
Public Systems must provide Source Number from (WFI)	enter de la constant						
4. Sample Collected for Information O							
Construction Repairs Pr							
	ATER RESULTS LAB USE ONLY						
Unsatisfactory	Satisfactory						
Total Coliform Present and	who the free to be the state of						
☐ E.coli present ☐ E.coli abs							
Fecal coliform present Fecal col	form absent						
Replacement Sample Required	NEGEINEUN						
Sample not tested because:	Test unsuitable because:						
Sample too old (>30 hours)	TNT AUG 2 5 2008						
☐ Improper Container	Turbid culture 2000						
	IIS ED SECION						
Bacterial Density Results: Plate Count	OFFICE OF WATER AND WATERS HEDS						
	ecal Coliform/100ml.						
Method Code:	Date and Time Received:						
Date Analyzed: 8-30-0	Date Reported: al 301m						
002	Lab Use Only: Bull						
O92 Sample Number (DOH number plus five digits)	- Snep						
DOH Form #331-319 (revised 8/05)							

COLIFOR	M BACT	ERIA AN	ALYSIS			
Date Sample Collected	Time Sa	mple	County			
8 H 108	Collec					
Month Day Year	9 3	AM PM	CLALLAM			
Type of Water System (check only o	ne hox)	PIM	C UTEL MIN			
Group A Public		ivate Househ	old			
☐ Group B Public		ther $4/7$				
Group A and Group B Systems – Pro						
ID# T H 3 5	3 2	6	inventory (vvi i).			
0-1-15	ARS C		The terrorit and			
	BECKE		New transport of the second			
Day Phone: ( ) 681-41		ell Phone: (	)			
Send results to: (Print full name, address a		AX: ( )				
JAMESTOW		3€				
1033 060	Byn	HIWAY	or extended the Land			
SEQUIM WI	Euro Contraction of the Contract	- 1.0				
SAMF	PLE INFOR	RMATION	i magnetica de la composición de la co			
Sample collected by (name):	= 0-		King and the second			
Specific location where sample collect	od (address	LKEK				
CA-04 Wome	en laudiess c	ESTRI	, and type of faucet):			
Special instructions or comments:						
Type of Sample (mystel)	MESTON	O TRI	BE			
Type of Sample (must check only one 1. Routine Distribution Sample						
Provide information below.	2.		ple (follow-up			
Chlorinated: YesNo	Provi	de information	sfactory sample)			
Chlorine Residual: Total Free			ine lab number:			
3. Raw Water Source Sample	Onloa	islactory lout	ine lab fluffiber:			
Required for Surface Water, GWI, and	Unsat	isfactory rout	ine collect date:			
some Spring Sources			<u> </u>			
S	Chlori	nated: Yes	No			
Public Systems must provide Source Number from (WFI)	Chlori	ne Residual:	Total Free			
Sample Collected for Informatio	n Only		ESCOCIO LOCATE			
Construction Repairs		idence	Othor			
LAB USE ONLY DRINKING						
Unsatisfactory	MAILI	1-1	LAB USE ONLY tisfactory			
Total Coliform Present and	1 40	100	usiactory			
☐ E.coli present ☐ E.coli	absent	2 0 5				
	coliform abse	5 6	IVE MI			
Replacement Sample Required						
Sample not tested because:	Test	AUGble be	dau20008			
Sample too old (>30 hours)		NTC	. 2000			
Improper Container	Improper Container Turbig culture EGION 10					
Postovial Day it Day is a		OFFICE OF	And the same of th			
Bacterial Density Results: Plate Count		_/ml. E.coli	/100ml.			
Method Code:	Fecal Colifo		/100ml.			
MICR- 2 7 2 0		Date and T	ime Received:			
Date Analyzed:		Date Repor	ton: 11 21 Am			
8-4-08		Lab Use Or	The same of the			
O92 Sample Number (DOH number plus five digits)			Bhul			
DOH Form #331-319 (revised 8/05)						

	COLIFORM B	ACTE	RIA AN	ALYSIS
	Date Sample Collected T	ime Sam	ple	County
	7 14:08	Collecte	d	NAME OF BUILDING
	Month Day Year	52	AM PM	CLALLAM
	Type of Water System (check only one bo	x)		
	Group A Public		rate Househ	old
	Group B Public		er 1/7	a set
	Group A and Group B Systems – Provide to			
	ID# <u>I H 3 8</u>		6	inventory (vvi i).
	System Name: 7 CEDARS	CF	Sino	
	Contact Person: JEFF BEG			
	Day Phone: ( ) 681-460		Il Phone: (	)
-	Eve. Phone: ( )	FA	X: ( )	
	Send results to: (Print full name, address and zip		And the second of the second	
	1033 060 Blyn H	WAY	* 3	
-	SEDUIM WA 983	182	4.5	
	SAMPLE	NFOR	MATION	
	Sample collected by (name):  Specific location where sample collected (or	BECK	IER	igiggassoo baani
	Specific location where sample collected (ac			e, and type of faucet):
t	Special instructions or comments:	SIND	UM	# SINK
L	* BILL TO JAMES	TOWN	tri	BE
L	Type of Sample (must check only one box	of #1 thro	ough #4 liste	ed below)
	1. Routine Distribution Sample			nple (follow-up
	Provide information below.			tisfactory sample)
	Chlorinated: YesNoX		le informatio	
	Chlorine Residual: Total Free	Unsati	sfactory rou	itine lab number:
	3. Raw Water Source Sample		ă ă	
	Required for Surface Water, GWI, and	Unsati	sfactory rou	tine collect date:
1	some Spring Sources	1		
	s	Chlorin	nated: Yes_	No
		Chlorin	ne Residual:	Total Free
	Public Systems must provide Source Number from (WFI)		Stie Sti	H 28/20/19/19/19/19
	Sample Collected for Information On			toda so sodosla
	Construction Repairs Private			
-	LAB USE ONLY DRINKING WA	ATER F	RESULTS	LAB USE ONLY
L	Unsatisfactory		Ds	atisfactory
-	Total Coliform Present and			
	E.coli present	ant C	B I	WED
	Fecal coliform present Fecal coliform	orm abse	nt	
L	Replacement Sample Required	11.11	0 1 00	
S	ample not tested because:	J Hest	unsuilable Q	ecause:
	Sample too old (>30 hours)	□ T	NTC	
	Improper Container		CAPPIN CONTRACT	
	<u> </u>	4510	E OF WATE	R
			_/ml. E.coli_	/100ml.
To	otal Coliform/100ml. Fe	cal Colifo	orm	/100ml.
	ethod Code:	7	Date and	Time Received:
_	CR-2720	1).	11000	print tripe
Da	ate Analyzed: 7-14-08		Date Rep	In I had to the
0	92 199999		Lab Use	Only:
_	mple Number (DOH number plus five digits)			
	Form #331-319 (revised 8/05)			

### Clallam County Environmental Health 223 E. 4th St. Suite 14

Port Angeles, WA 98362 (360) 417-2334

### **COLIFORM BACTERIA ANALYSIS**

108 Date Sample Collected Time Sample County Collected 711108 AM CLALLAM Month Day Year Type of Water System (check only one box) Private Household

Other Group A Public Group B Public Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): CEDARS CASINO Contact Person: Day Phone: ( Cell Phone: ( Eve. Phone: ( Send results to: (Print full name, address and zip code) JAMESTOWN TRIBE 1033 OLD BLYN HIWAY SEQUIM WA SAMPLE INFORMATION Sample collected by (name): EFF RECVER Specific location where sample collected (address or sample site, and type of faucet): CA.03 MAIN KITCHEN SINK Special instructions or comments: \* BILLIO JAMESTOWN TRIBE Type of Sample (must check only one box of #1 through #4 listed below) 1. Routine Distribution Sample 2. Repeat Sample (follow-up Provide information below. to an unsatisfactory sample) Chlorinated: Yes\_\_\_\_\_No\_\_\_V Provide information below. Chlorine Residual: Total\_\_\_\_ Free\_\_ Unsatisfactory routine lab number: 3. Raw Water Source Sample Required for Surface Water, GWI, and Unsatisfactory routine collect date: some Spring Sources Chlorinated: Yes\_\_\_ No S Chlorine Residual: Total\_\_\_\_ Free Public Systems must provide Source Number from (WFI) 4. Sample Collected for Information Only Construction\_\_\_\_\_ Repairs\_\_\_\_ Private Residence\_\_\_\_ LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY ☐ Unsatisfactory Satisfactory Total Coliform Present and ☐ E.coli present ☐ E.col absent ☐ ☐ Fecal coliform present Feca coliform absent Replacement Sample Required Sample not tested because: ☐ Sample too old (>30 hours) U LS EPA REGION 10 ☐ Improper Container Bacterial Density Results: Plate Count \_/ml. E.coli\_\_\_\_ Total Coliform\_\_\_\_ Fecal Coliform\_\_\_\_\_/100ml. Method Code: Date and Time Received: MICR- 2720\_\_ 7-1-08 11, 45 AM Date Analyzed: Date Reported: Lab Use Only: Sample Number (DOH number plus five digits) DOH Form #331-319 (revised 8/05)

		COLIFO	RM B	ACTERIA A	NAI YSIS	
		Date Sample Collected	T	ime Sample		2 2 3
1		6 17.08		Collected	County	
		Month Day Year	9	_:18 APA	1 11 11	2
		Type of Water System (check only	one box	()	CUALLA	1
		Group A Public	0110 007	☐ Private Hous	obold	
		Group B Public		Other A	TAIC	
-		Group A and Group B Systems - F	rovide fr	om Water Facilitie	es Inventory (ME)	
-		ID# I H 3	8	26	es inventory (VVFI):	
The second second		System Name: 7 C	DAG	21 0 -1	,	
		Contact Person:		KER CASI	10	
		Day Phone: ( ) (68)-4	602	Cell Phone: (	<u> </u>	
	-	Eve. Phone: ( )		FAX: (	)	
		Send results to: (Print full name, address	and zip co	ode)	/	
		JAMESTOWN				
		1033 OLD BL		4. way		
12		SEQUIM WA	1 6	382		
	-	Sample as II at a Live	PLE IN	FORMATION	Market estronal land	
		Sample collected by (name):	FF I	BECKER	Entrancement Asian	
	5	Specific location where sample collect	ted (add	ress or sample elt	and type of favorth	
		0. 2. 6	15	RESTROC	e, and type of faucet):	
	0	position detactions of comments:				
	T	ype of Sample (must check only one	box of	town To	LIBE	
	1.	Routine Distribution Sample				
	Pi	rovide information below.		2. Repeat San		
	CI	nlorinated: YesNo		Provide informatio	isfactory sample)	
	Ch	nlorine Residual: Total Free		Insatisfactory rou		
		Raw Water Source Sample			and lab Hullibel.	
	Re	quired for Surface Water, GWI, and	U	Insatisfactory rout	ine collect date:	
	301	me Spring Sources	-	The same of the sa		
		S		hlorinated: Yes		
	Publi	Systems must provide Source Number from (WFI)	C	hlorine Residual:	Total Free	
	4.	Sample Collected for Information	Only			
	Con	struction Repairs	Private	Residence	Other	
-	L	AB USE ONLY DRINKING	WATE	R RESULTS	LARTISE ONLY	
	Ц.	Stisatisfactory	- Alba		tisfactory	
		otal Coliform Present and	<b>F</b>	A		
		.coli present	absent	ECE	UVEIN	
-		ecal coliform present  Fecal c	oliform a	absent		
		eplacement Sample Required	ПП	JUN 2:	3 2008	
		ple not tested because:		est unsuitable bed	cause:	
		ample too old (>30 hours)	Ľ	I TNUS. EPA R	EGION 10	
1	7"	proper Container		1 Turble Elliffe OF	WATER	
E	acter	ial Density Results: Plate Count				
T	otal (	Coliform /100ml	Food 0	/ml. E.coli	/100ml.	
N	letho	Coliform/100ml.	recal Co	oliform	/100ml.	
N	IICR-	2720		Date and Ti	me Received:	
D	ate A	nalyzed: 6-17-08		Date Report	add a spirito a	
0	92			Lab Use Onl		
Sa	mple N	umber (DOH number plus five digits)			TALL!	
JΗ	Form #	331-319 (revised 8/05)				

(360) 417-2334				108	
COLIFORM BACTERIA ANALYSIS					1 2
Date Sample Collected	,	e Sample		County	
6208	C	ollected			
Month Day Vers	9	20 8	MA [	CLALLAM	
Month Day Year	-	00	] PM	CLACCAM	(ATT)
Type of Water System (check only	y one box)	ot lands			
☐ Group A Public☐ Group B Public☐	L	Private F	Afri	old	
	Descride for	Other_	7	MC	
Group A and Group B Systems –	Provide tro	m vvater Fa	acilities	Inventory (WFI):	*
ID# <u>J. H. 3</u>	8 9	- L	0_		
System Name: 7 CE	DARS	CAS	inc	2	
Contact Person: JEF	F BE	CKER		and the second response	Target of the
Day Phone: ( ) 681-	4602	Cell Ph	one: (	)	
Eve. Phone: ( )		FAX: (	)		
Send results to: (Print full name, address					
JAMESTO	wn T	RIBE			
1033 060	BLun	Hiw	44	E OFFICE STATE	E III
_ SEQUIN W	JA 9	8382	9		
	200	FORMA	TION		
Sample collected by (name):	MILETIA	FURIVIA	HON		
campic conceted by (name).	EFF	BECKE	一段		
Specific location where sample coll				e, and type of faucet):	
CH-05 MP	in E	BAR S	Sin	K	
Special instructions or comments:			1		
Type of Sample (must check only	JAMO	ESTOU	34/1	RIBE	
1. Routine Distribution Sample				·	
1. ■ Routine Distribution Sample  2. ■ Repeat Sample (follow-up to an unsatisfactory sample)					
Chlorinated: YesNoX		Provide inf			
Chlorine Residual: Total Free				itine lab number:	
3. Raw Water Source Sample		01100101010	tory rou	une lab Humber.	
Required for Surface Water, GWI, a	ind	Unsatisfact	tory rou	tine collect date:	
some Spring Sources					
s		Chlorinated	: Yes_	No	
		Chlorine Re	esidual:	Total Free	
Public Systems must provide Source Number from (WI		40500	211/9/1	a szepana po	
4. Sample Collected for Inform					
Construction Repairs					
LAB USE ONLY DRINK	ING WA	TER RES	1 8		ILY
Unsatisfactory			S	atisfactory	
Total Coliform Present and	11 -1				
	.coli absen				
☐ Fecal coliform present ☐ Replacement Sample Required	11-11-11	nabsent	W		
			U		
Sample not tested because:	82 90. 1	Test unsu		pecause	
☐ Sample too old (>30 hours) ☐ Improper Container	JUN	□6×20	,,,,		
Improper Container			d culture		
Bacterial Density Results: Plate Cour	U.S. E			1400	)
Total Coliform/100n		al Coliform		/100ml	ımı.
Method Code:	1 608			Time Received:	
MICR- 2 7 2 0			-	lox //45	-
	1-08		ate Rep		D.E.
	9		ab Use	1000	111
Sample Number (DOH number plus five digits)				79	
DOH Form #331-319 (revised 8/05)		2			

	COLIF	ORM E	BACTE	RIA AN	ALYSIS	108
	Date Sample Collected 5 19 08		Time San Collecte		Co	ounty
	Month Day Year	0	~-	AM PM	CLALL	AM
	Type of Water System (check or	nly one bo	(X)	L LI PM		100 001
	Group A Public			ate Househ	old	
	Group B Public		☐ Oth	er//	TAC	
	Group A and Group B Systems -	- Provide	from Wat	er Facilities	Inventory (WFI)	:
	ID# 1 1 3.	8	2	6		
	System Name: 7 CE	OAR	50	asin	0	
	Contact Person: JEF	FB	ECKI	ER		
	Day Phone: ( ) 68/- Eve. Phone: ( )	460		I Phone: (	)	DATE OF
	Send results to: (Print full name, addre	es and zin	FA)	<u>(: ( )</u>		
	JAMESTON	wh -	code)	18		
	1033 OLD	BLy	mh	liway	STEEL STEEL	
3	SEQ 4.M	WA	983	82		
	SA	MPLE	NFORM	ATION		
	Sample collected by (name):	-	2-	10 -		
7	Specific location where sample coll	FF ected (ad	DCC	(ER		
-	LII OD ITIM	in k	TCI	HEN S	and type of fau	cet):
	special instructions or comments:					
1	ype of Sample (must check only of	one box o	f#1 throu	Igh #4 listed	R.BE	
1	Routine Distribution Sample	, John Dox O			ole (follow-up	
	rovide information below.				factory sample	4)
	hlorinated: YesNo			information		
	hlorine Residual: Total Free_ Raw Water Source Sample	-	Unsatisf	actory routin	e lab number:	
	equired for Surface Water, GWI, ar	d				
so	me Spring Sources		Unsausi	ctory routin	e collect date:	William !
	s		Chlorinat	ed: Yes	No	
Puh					otal Free_	46.5
	lic Systems must provide Source Number from (WFI)  Sample Collected for Informat			10 to	52051160.14	
Co	nstruction Repairs	Priva	te Reside	nco	Oth	
	LAB USE ONLY DRINKIN	IG WAT	TER RE	SIII TO	_ Other	
	Unsatisfactory			13/	sfactory	DNLY
100000000	Total Coliform Present and			P	nn F	-
		oli absent		61	VEID	
H	Fecal coliform present Fec Replacement Sample Required	al coliforn	n absent			
	iple not tested because:	шш	MAY	212	008   唱	
	Sample too old (>30 hours)			uitable beca	iuse:	
	mproper Container		Turb	d culture		
		1000		d culture		
Bacte	erial Density Results: Plate Count_		/m	I. E.coli_	/10	00ml
Total	Coliform/100ml.	Fecal	Coliform		/100ml.	JOHII.
Meth	od Code: - 2 7 2 0				e Received:	
The second second	Analyzed: 5-19-1	76		5-19-0		
092	3/1-6	19		ate Reporte		1-08
Sample	Number (DOH number plus five digits)				34	2"
OH Form	#331-319 (revised 8/05)			.1		

COLIFO	DRM BACT	ERIA AN	ALYSIS
Date Sample Collected	Time Sa		County
518108	Collec		
Month Day Year		AM PM	CCALLAM
Type of Water System (check or Group A Public			And the second second
Group B Public	∐ Pi	rivate Househ	old /C
Group A and Group B Systems -	Provide from W	ner	large to the state of the state
ID# 4 H 3	8 2	6	inventory (WFI);
System Name: 7 C E  Contact Person: T = 1	BARS C	Asino	
Day Phone: ( ) 681-	110-		of water grant or the party of
Eve. Phone: ( )		ell Phone: ( AX: ( )	)
Send results to: (Print full name, addre	ess and zip code)	AX: ( )	
JAMESTI	own TR		
1033 060	Blyn	Hiway	trakery Vallan
SEQUIM	WA 98	382	
SA	MPLE INFOR	RMATION	Commence of Arm
Sample collected by (name):	FF BE	CKER	
Specific location where sample col	lected (address of	r sample site	and type of faucet):
Special instructions or comments:	JAMES	STOWN	TRIBE
Type of Sample (must check only	one box of #1 thi	ough #4 liste	d below)
1. Routine Distribution Sample			ple (follow-up
Provide information below.			sfactory sample)
Chlorinated: YesNoX		de information	below.
Chlorine Residual: Total Free	Unsat	tisfactory rout	ne lab number:
3. Raw Water Source Sample Required for Surface Water, GWI, a	88 8 4		
some Spring Sources	nd Unsat		ne collect date:
	Chlori	nated: Yes	_/
S	Chlori		Total Free
Public Systems must provide Source Number from (WFI)			
4. Sample Collected for Information Only			
Construction Repairs			
LAB USE ONLY DRINKI	NG WATER I	10.3	
Total Coliform Present and			tisfactory
☐ E.coli present ☐ E.	coli absent	GE	I W E MI
☐ Fecal coliform present ☐ Fe	ecal coliform abse	entalase	
☐ Replacement Sample Required		MAY	2 2008
Sample not tested because:	Test	unsuitable be	cause.
☐ Sample too old (>30 hours)	ОТ	NTGFFICE C	REGION 10
Improper Container	UT.	urbid culture	IT WATER
Bacterial Density Results: Plate Count		/ml. E.coli	/100ml.
Total Coliform/100m	I. Fecal Colifo		/100ml.
Method Code:  MICR- 2 7 2 0		Date and T	ime Received:
Date Analyzed: 5-8-0	F	Date Repor	11.40.4m
		Lab Use Or	
Sample Number (DOH number plus five digits)			DF41-
DOH Form #331-319 (revised 8/05)			

### Clallam County Environmental Health 223 E. 4th St. Suite 14

Port Angeles, WA 98362 (360) 417-2334

### **COLIFORM BACTERIA ANALYSIS**

108

Date Sample Collected Time Sample County Collected 4 23,08 MA M CLALLAM Month Day Year ПРМ Type of Water System (check only one box) ☐ Private Household Group A Public Group B Public Other\_NTNC Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): System Name: Contact Person: Day Phone: ( Cell Phone: ( Eve. Phone: ( FAX: ( Send results to: (Print full name, address and zip code) JAMESTOWN TRIBE 1033 OLD BLAN HIWAY Quin WA SAMPLE INFORMATION Sample collected by (name): JEFF BECKER Specific location where sample collected (address or sample site, and type of faucet): CA-05 CASINO BAR SINK Special instructions or comments: \* BILL TO JAMESTOWN TRIBE Type of Sample (must check only one box of #1 through #4 listed below) 1. Routine Distribution Sample 2. Repeat Sample (follow-up Provide information below. to an unsatisfactory sample) Chlorinated: Yes\_\_\_\_\_No\_\_\_\_No\_\_\_\_ Provide information below. Chlorine Residual: Total\_\_\_\_ Free Unsatisfactory routine lab number: 3. Raw Water Source Sample Required for Surface Water, GWI, and Unsatisfactory routine collect date: some Spring Sources Chlorinated: Yes\_\_\_\_\_No\_\_ Chlorine Residual: Total Free\_ Public Systems must provide Source Number from (WFI) 4. Sample Collected for Information Only Construction Repairs Private Residence Other\_ LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY ☐ Unsatisfactory Satisfactory Total Coliform Present and ☐ E.coli present ☐ E.coli absent ☐ Fecal coliform present ☐ Fecal coliform absen Replacement Sample Required Sample not tested because: Test unsuitable because: APR 2 5 2008 ☐ Sample too old (>30 hours) ☐ Improper Container ☐ Turbid culture Bacterial Density Results: Plate Count OFFICEOGNATER Total Coliform\_\_\_\_ Fecal Coliform\_ \_\_/100ml. Method Code: Date and Time Received: MICR- 2720\_\_ Date Analyzed: -23-08 Date Reported: Lab Use Only: But Sample Number (DOH number plus five digits) DOH Form #331-319 (revised 8/05)

COLIFORIVI BA	ACTERIA ANALYSIS
	me Sample County
411108	ПАМ
Month Day Year	-36 PM CLALLAM
Type of Water System (check only one box	
Group A Public	Private Household
Group B Public	Other_A/TNC
Group A and Group B Systems – Provide fi	
D# <u>T H 3 8</u>	2 6
System Name: SEVEN CEN	ARS CASIAD
Contact Person: JEFF BE	CKER
	Cell Phone: ( )
Eve. Phone: ( )	FAX: ( )
Send results to: (Print full name, address and zip	IBE BECKER
1033 OLD Blyn 11	
SEQUIM WA 9	
	NFORMATION
Sample collected by (name):	BECKER
Specific location where sample collected (ad	ddress or sample site, and type of faucet):
CA-03 main v	CITCHEN SPAK
Special instructions or comments:	
Type of Sample (must check only one box	
1. Routine Distribution Sample	2. Repeat Sample (follow-up
Provide information below.	to an unsatisfactory sample)
Chlorinated: YesNo_X	Provide information below.
Chlorine Residual: Total Free	Unsatisfactory routine lab number:
3. Raw Water Source Sample	
Required for Surface Water, GWI, and some Spring Sources	Unsatisfactory routine collect date:
	Chlorinated: YesNo
S	Chlorine Residual: Total Free
Public Systems must provide Source Number from (WFI)	Beate Barrier avoids were the
4. Sample Collected for Information Or	
Construction Repairs Pri	
	ATER RESULTS LAB USE ONLY
Total Coliform Present and	Satisfactory
☐ E.coli present ☐ E.coli abs	ent
☐ Fecal coliform present ☐ Fecal colif	
☐ Replacement Sample Required	BEGETTE
Sample not tested because:	Test unsuitable because: VE
☐ Sample too old (>30 hours)	Пртитс
☐ Improper Container	4 4 urbid ARR 7 2008
Doct of IR. It is	
Bacterial Density Results: Plate Count	/ml. E.coliepa REGION 10 /100ml.
Total Coliform/100ml. For Method Code:	ecal Colliform OFFICE OF WATQOMI.
MICR- 2 7 2 0	Date and Time Received:
Date Analyzed: 4-1-02	Date Reported: 4-3-04
092 68786	Lab Use Only:
Sample Number (DOH number plus five digits)	
DOH Form #331-319 (revised 8/05)	**

COLIFC	JKM BACTE	<b>KIA AN</b>	ALYSIS
Date Sample Collected	Time Sam		County
3 18,08	Collecte		
Month Day Vaca	0 111	AM PM	CLALLAM
Month Day Year	7 41	_ L PM	LLALLAM
Type of Water System (check or			
Group A Public		ate Househ	nold TAIC
Group B Public		er_/\/	1/1/4
Group A and Group B Systems -		er Facilities	Inventory (WFI):
ID# 7 H 3	8 2	6	
System Name: 7 C	EDARS	CAS	100
Contact Person:	BECKE	52	
	- 4602 Ce	Participation of the Control of the	)
Eve. Phone: ( )		X: (	
Send results to: (Print full name, addr			
JAMESTOW	A TRIBE		
1033 010	Lun Hiu	194	
SEQUIM W		27	
		ak	
	AMPLE INFOR	MATION	
Sample collected by (name):	FFF BE	· Ne	
Specific location where sample c			
A - 06 u	ollected (address of	R S	TRAPPO
Special instructions or comments	: A herena res		
* BILL TO	JAMES	ST DW	1 TRIBE T
Type of Sample (must check on	y one box of #1 th	rough #4 lis	ted below)
1. Routine Distribution Sam	ple 2.	Repeat Sa	mple (follow-up
Provide information below.		to an unsa	atisfactory sample)
Chlorinated: YesNoX		de informat	ion below.
Chlorine Residual: Total Fr		tisfactory ro	outine lab number:
3. Raw Water Source Sampl			
Required for Surface Water, GWI	, and Unsa	tisfactory ro	outine collect date:
some Spring Sources	1		
S			No
Public Systems must provide Source Number from	-	ine Residua	al: Total Free
4. Sample Collected for Info		a	
Construction Repairs		sidence	Other
LAB USE ONLY DRIN			
Unsatisfactory	TO WATER	- IN_	Satisfactory
Total Coliform Present and	*	X	cationactory
☐ E.coli present ☐	E.coli absent		
☐ Fecal coliform present ☐	Fecal coliform abo	sent C	FIVEDI
Replacement Sample Requi			
Sample not tested because:		t AGORDINE	ppetaugnno
☐ Sample too old (>30 hours)		TNTC	2 1 2008
☐ Improper Container		Turbid cult	ire
	60	U.S. EP	A REGION 10
Bacterial Density Results: Plate C	ount	/ml. E.co	E OF WATER /100ml.
Total Coliform/1		liform	
Method Code:	4	-	nd Time Received:
MICR- 2720	AP.	7 1	016 11 011
Date Analyzed: 3-	18.08	Date R	eported 19-07
000			e Only: Buy
Sample Number (DOH number plus five digits			
DOH Form #331-319 (revised 8/05)	3		

	COLIFC	DRM B	ACT	ERIA AN	ALYSIS
	Date Sample Collected		ime Sa	mple	County
	3,4,08		Collect	1	ATHREYBIAS T
	Month Day Year	9	1.4	S D PM	CLALLAM
	Type of Water System (check on	ly one bo	x)	FIVI	St. ISSEMBLE AND SHOPE
	Group A Public			ivate Househ	old—
	Group B Public		Ot Ot	her M7	THE
	Group A and Group B Systems -	Provide f	from Wa	ter Facilities	Inventory (WFI):
	ID# I H 3	8	2	6	ATTEN STORING SETT
	System Name: 7 CE	Onne	-	201	
	Contact Person:	VAIC	61	HS/MO	isishtate soutpete)
	Day Phone: ( ) 681-	460	2 0	ell Phone: (	1
	Eve. Phone: ( )			XX: (	<u> </u>
	Send results to: (Print full name, addre		code)	BE "	BECKER
	1033 010	BL	yn	HIWAY	y transference successions
	_ SEQUIM W				Office at muharmitan
	SA	MPLE	NFOR	MATION	
	Sample collected by (name):  Specific location where sample col	FF	BE	cven	ethern micro
	A A Thirties Sample Coll	iected (ad	aress o	r sample site	, and type of faucet):
-	Special instructions or comments:	in Bi	AR	Sink	<u> </u>
	* BAL 70 JA	mES?	TOW	TRI	36
	Type of Sample (must check only 1. Routine Distribution Sample	one box o			
	Provide information below.	9	100		ple (follow-up
	Chlorinated: Yes No X			to an unsati le information	sfactory sample)
7	Raw Water Source Sample				ine lab number:
F	Required for Surface Water, GWI, a ome Spring Sources	nd	Unsati	sfactory rout	ine collect date:
			Chlorin	nated: Yes_	No
	D.S. EPA REG ON 10				TotalFree
	ublic Systems must provide Source Number from (WF			e je vede	lots breating dicking
C	Sample Collected for Information	ation Only	У		a suligione a nécesar e
	Onstruction Repairs Repairs	Priva	ate Resi	dence	Other
F	LAB USE ONLY DRINKI Unsatisfactory	NG WA	IERF	3 /	
	Total Coliform Present and			Sa	tisfactory
		coli abser	nt	10 150	Siliny officer
	Fecal coliform present Fe			nt	emisine emissis
	Replacement Sample Required	10.3			22312141313 k
Sa	mple not tested because:		Test	ınsuitable be	00000
	Sample too old (>30 hours)		□ TI		cause,
	Improper Container		3	irbid culture	
					PARKER AND ARREST
Bad	cterial Density Results: Plate Count	1-1	12.379	/ml. E.coli_	/100ml.
100	ai Colliom/100ml	l. Feca	al Colifo	rm	/100ml.
Ivie	thod Code: CR- 2 7 2 0	alignate.	Towns of the	Date and T	ime Received:
				3-4	-08 11.26AIN
	2 7-6	8		Date Repor	rted: 3-5-0f
092 Same	Die Number (DOH number plus five digits)			Lab Use Or	B41
DOH F	orm #331-319 (revised 8/05)				

COLIFORM	BACTERIA AN	ALYSIS
Date Sample Collected	Time Sample	County
211,08	Collected	ATBOUND
Month Day Year	O:11   PM	CLALLAM
Type of Water System (check only one b		E SECTION OF THE PROPERTY OF T
Group A Public	Private Househ	
☐ Group B Public	Other	TNC
Group A and Group B Systems - Provide		Inventory (MEI)
ID# I H 3 8	2 /	Themory (VVFI).
7	~ 0	
System Name: / CEDAR	S CASI	10
Contact Person: JEFF BE	CKER	I Page of the Same
Day Phone: ( ) 681-46	OQ Cell Phone: (	)
Eve. Phone: ( )	FAX: (	
Send results to: (Print full name, address and zi	TRIBE A	TIM! JETF BECKER
1033 OLD BLY	n Hiwny	of attractions and
_ JERYIM WAY	18382	
	INFORMATION	
Sample collected by (name):	BECKER	Continues and
Specific location where sample collected (	address or sample site	e, and type of faucet):
Special instructions or comments:	ITCHEN -	INK
* BILL TO JA	MESTOWN	TRIBE
Type of Sample (must check only one box	x of #1 through #4 list	ed below)
1. Routine Distribution Sample	2. Repeat Sar	nple (follow-up
Provide information below.	to an unsa	tisfactory sample)
Chlorinated: YesNoX	Provide information	on below.
Chlorine Residual: Total Free Free	Unsatisfactory rou	itine lab number:
3. Raw Water Source Sample		
Required for Surface Water, GWI, and	Unsatisfactory rou	tine collect date:
some Spring Sources		The manager of the action of the
S	Chlorinated: Yes_	
Public Systems must provide Source Number from (WFI)	Chlorine Residual	Total Free
4. Sample Collected for Information C	Inly	PRANTA SERVICE SERVICE
Construction Repairs P		Other
LAB USE ONLY DRINKING V		
Unsatisfactory	13.7	atisfactory
Total Coliform Present and	A	
☐ E.coli present ☐ E.coli ab	sem E C	EIVEN
☐ Fecal coliform present ☐ Fecal col	iform/absent	
Replacement Sample Required	ECD '	5 2000
Sample not tested because:	Test unsuitable l	2 5 2008 Pecause:
Sample too old (>30 hours)	TITNIC	
Improper Container	☐ Turbig cuitor	A REGION 10 OF WATER
WIND STREET		
Bacterial Density Results: Plate Count	/ml. E.coli	/100ml.
otal Coliform/100ml. F	ecal Coliform	/100ml.
Method Code:	Date and	Time Received:
MICR- 2 7 2 0	0 9 16 1	81135413
late Analyzed: 2-19-0		ported: 2-30-0f
92 8567	Lab Use	Only: Brun
ample Number (DOH number plus five digits)		

COLIFORM BA	ACTERIA ANALYSIS
	me Sample County
2,5,08	
Month Day Year	SZ DPM CLALCAM
Type of Water System (check only one box	TO A MALESTER AND MARKET
Group A Public	☐ Private Household
Group B Public	Other
Group A and Group B Systems – Provide fr	om Water Facilities Inventory (WFI):
ID# 1 H 3 8	2 6
System Name: 7 CEO9	es Casino
Contact Person: JFFF BE	
Day Phone: ( ) 681-460	
Eve. Phone: ( )	FAX: ( )
Send results to: (Print full name, address and zip of	
JAMESTOWN	All as
1033 OLD BLyr	
SEQUIM WA 9	8382
SAMPLE	NFORMATION
Sample collected by (name):	BECKER
Specific location where sample collected (ad	dress or sample site, and type of faucet):
Specific location where sample collected (ad	S REST ROOM
Special instructions or comments:	ESTOWN TRIBE
Type of Sample (must check only one box of	
1. Routine Distribution Sample	2. Repeat Sample (follow-up
Provide information below.	to an unsatisfactory sample)
Chlorinated: YesNo_X	Provide information below.
Chlorine Residual: Total Free Free	Unsatisfactory routine lab number:
3. ☐ Raw Water Source Sample Required for Surface Water, GWI, and	
some Spring Sources	Unsatisfactory routine collect date:
	Chlorinated: YesNo
S m	Chlorine Residual: Total Free
Public Systems must provide Source Number from (WFI)	threfat stand blockets are
4. Sample Collected for Information Onl	
Construction Repairs Priv	
	TER RESULTS LAB USE ONLY
Unsatisfactory  Total Coliform Present and	Satisfactory
☐ E.coli present ☐ E.coli abse	DECEINED
☐ Fecal coliform present ☐ Fecal coliform	
☐ Replacement Sample Required	TED I
Sample not tested because:	Test unsuitable because:
☐ Sample too old (>30 hours)	TNTCS. EPA REGION 10
☐ Improper Container	Turble culture F WATER
Bacterial Density Results: Plate Count	/ml. E.coli/100ml.
Total Coliform/100ml. Fee	
Method Code: MICR- 2 7 2 0	Date and Time Received:
Date Analyzed:	Pate Percentadi
08502	Date Reported: 2-6-08 Lab Use Only:
O92 Sample Number (DOH number plus five digits)	Dull
DOH Form #331-319 (revised 8/05)	

COLIFORM BA	CTERIA ANALYSIS
5 -7	ne Sample County
1 19 108	ollected
Month Day Year	:45 PM CLALLAM
Type of Water System (check only one box)	TIM A MATERIAL CO.
Group A Public	Private Household
	Other_MTNC
Group A and Group B Systems – Provide fro	and the state of t
ID# <u>-                                   </u>	2 6
System Name: 7 CEOAR.	s CASino
Contact Person: JEFF BE	
Day Phone: ( ) 681-4602	
Eve. Phone: ( )	FAX: ( )
Send results to: (Print full name, address and zip of	ode), RiBE
1033 OLD BLY	
SEQUIM WA	98382
SAMPLE II	NFORMATION
Sample collected by (name):	BECKER MYSTERS
Specific location where sample collected (ad	
CH-OS CASINO	BAR SEVICE SINK
Special instructions or comments:	ESTOWN TRIBE
Type of Sample (must check only one box	
1. Routine Distribution Sample	2. Repeat Sample (follow-up
Provide information below.	to an unsatisfactory sample)
Chlorinated: Yes No X	Provide information below.
Chlorine Residual: Total Free  3. Raw Water Source Sample	Unsatisfactory routine lab number:
Required for Surface Water, GWI, and	Unsatisfactory routine collect date:
some Spring Sources	//
s	Chlorinated: YesNo
200 10 10 10 10 10 10 10 10 10 10 10 10 1	Chlorine Residual: Total Free
Public Systems must provide Source Number from (WFI)  4. Sample Collected for Information On	disashuamaij buwandalaha
Construction Repairs Pri	
	ATER RESULTS LAB USE ONLY
Unsatisfactory	Satisfactory
Total Coliform Present and	1 200 6 5
☐ E.coli present ☐ E.coli abs	
☐ Fecal coliform present ☐ Fecal colif	orm absent
Replacement Sample Required	JAN 2 2 2008
Sample not tested because:	est unsuitable because:
☐ Sample too old (>30 hours) ☐ Improper Container	TNICS. EPA REGION 10
Improper Container	☐ Turb@f@ulfure) F WATER
Bacterial Density Results: Plate Count	/ml. E.coli /100ml.
Total Coliform/100ml. Fe	
Method Code:	Date and Time Received:
MICR- 2 7 2 0	to all of
Date Analyzed: 1-14-08	/Date Reported: 14 5 Pp
092	Lab Use Offly. Black
Sample Number (DOH number plus five digits)  DOH Form #331-319 (revised 8/05)	Pr

COLIFOR	RM BACTER	RIA AN	ALYSIS	
Date Sample Collected	Time Samp	le	County	
12,08	Collected	LIM	MEGORIA	
Month Day Year	10 18	AM PM	CLALLAM	
Type of Water System (check only			MISSAMME	
☐ Group A Public ☐ Group B Public		te Househ		
Group A and Group B Systems – F				
ID# <u>T H 3</u>	8 2	6		
System Name: 7 CED	ARS CA	Sino		
	BECKE		SOME DELIGRATION NO.	
	1602 Cell		) - 3-	
Eve. Phone: ( )	FAX		)	
Send results to: (Print full name, address			BECKER BECKER	
1033 040	Blyn	Him	my The Harmon	
SEQUIM U	Ja 983	382		
SAN	PLE INFORM	TATION		
Sample collected by (name):	EFF BE	CKE	E avietre a po	
Specific location where sample colle	ected (address or	sample sit	e, and type of faucet):	
Special instructions or comments:			Support State of Control	
Type of Sample (must check only of	ne hov of #1 thro	DA /	K, BE	
1. Routine Distribution Sample			mple (follow-up	
Provide information below.			itisfactory sample)	
Chlorinated: Yes No Provide information below.				
Chlorine Residual: Total Free_			utine lab number:	
3. Raw Water Source Sample	The second			
Required for Surface Water, GWI, ar some Spring Sources	nd Unsatis	factory ro	utine collect date:	
	Chlorin	ated: Yes	No	
S	Chlorin		l: TotalFree	
Public Systems must provide Source Number from (WFI)				
4. Sample Collected for Informa	The same of the sa			
Construction Repairs				
LAB USE ONLY DRINKI	NG WATER R	ESULT	S LAB USE ONLY	
Unsatisfactory  Total Coliform Present and	of on E		Satisfactory	
A CONTRACTOR OF THE PROPERTY O		E VG		
☐ Fecal coliform present ☐ Fe	coli absent	4 03	assurante monte	
Replacement Sample Required		IAN	1 - 7 2008 11	
Sample not tested because:	AGENTAL	9711	. 2000	
☐ Improper Container	. The second contract $A = A + A + A + A + A + A + A + A + A + $			
a in the same of a		arbid Cultur		
Bacterial Density Results: Plate Count /ml. E.coli /100ml.				
Total Coliform/100m			/100ml.	
Method Code:		_	d Time Received:	
MICR- 2720			4 2) 11	
Date Analyzed: /-2-	08	Date Re	The state of the s	
092 087160		Lab Use	Only: But	
Sample Number (DOH number plus five digits)				
H Form #331-319 (revised 8/05)			Manager and the second second second	

### COLIFORM BACTERIA ANALYSIS

COLII OILIII DA	OILINIA AIN	ALISIS		
01	e Sample ollected	County		
12 18,01	✓ AM	Classian		
Month Day Year 9	18 PM	CLALLAM		
Type of Water System (check only one box)	MARKET STATES	医套线 外名 医肝口		
Group A Public	Private Housel	nold		
Group B Public	Other N	TNC		
Group A and Group B Systems – Provide fro	m Water Facilities	Inventory (WFI):		
ID# <u>T H 3 8</u>	26			
System Name: 7 CEDAR:	DEVELOPED TO THE	O Marie Royales		
	CKER	os hipomesonia (4900)		
Day Phone: ( ) 681-4602	1 3	)		
Eve. Phone: ( )	FAX: (	)		
Send results to: (Print full name, address and zip co	All the said			
1033 040	BLyn H	IWAY		
SEQUIM V	UA 983	382		
SAMPLEIN	FORMATION			
Sample collected by (name):	BECKET	S. MARKETTER		
Specific location where sample collected (add	dress or sample si	ite, and type of faucet):		
Special instructions or comments:	MESTOU	on TRIBE		
Type of Sample (must check only one box of	f #1 through #4 lis	sted below)		
1. Routine Distribution Sample	2. Repeat Sa	ample (follow-up		
Provide information below.		atisfactory sample)		
Chlorinated: YesNo_X				
Chlorine Residual: Total Free	orine Residual: Total Free Unsatisfactory routine lab number:			
3. Raw Water Source Sample				
Required for Surface Water, GWI, and	Unsatisfactory re	outine collect date:		
some Spring Sources	11			
	Chlorinated: Yes	s No		
	Chlorine Residu	al: Total Free		
Public Systems must provide Source Number from (WFI)		9种种性强制22.46		
4. Sample Collected for Information On	E. Carrier of the second of the	poor samulo suo		
Construction Repairs Priv				
LAB USE ONLY DRINKING WA	ATER RESUL	And the second s		
Total Coliform Present and	X	Satisfactory		
☐ E.coli present ☐ E.coli abse	made to but	Sunt carlonasia		
☐ Fecal coliform present ☐ Fecal coliform				
Replacement Sample Required	om absent	N/I		
	9 6 6	VEM		
Sample not tested because:	Test unsuitabl	e because:		
Sample too old (>30 hours)	THE THICK	PANT IIII		
☐ Improper Container ☐ Turbid culture				
U.S. PARENTO				
Bacterial Density Results: Plate Count	OFFICE IMILE C	oli/100ml.		
	ecal Coliform	/100ml.		
Method Code: MICR- 2 7 2 0	Date a	and Time Received:		
Date Analyzed:	Pate F	Reported: 1157-79-07		
12-1001		se Only: . But?		
092		2.04		
Sample Number (DOH number plus five digits) OH Form #331-319 (revised 8/05)				

COLIFORM BA	CTERIA AN	ALYSIS	
	e Sample	County	
11 20,07	ollected	ATSTALL CO	
Month Day Year	59 PM	CLALLAM	
Type of Water System (check only one box)	V. R. HARRY	1. 1411-141. 1411-14. 1411-14. 14	
Group A Public	Private Househ	nold	
☐ Group B Public	Other	TNC	
Group A and Group B Systems – Provide fro	m Water Facilities	Inventory (WFI):	
ID# <u>F H 3 8</u>	26		
System Name: 7 CEOARS	CASi	10	
Contact Person: MATT AC	IAMS	i bezzenina saz	
Day Phone: ( ) 681-4663	Cell Phone: (	)	
Eve. Phone: ( )	FAX: (	)	
Send results to: (Print full name, address and zip of		a dal-potencia (alli co	
1033 010		WAY	
	98382	and major south	
SAMPLE II	NFORMATION		
Sample collected by (name): BE	KER	n marringshir.	
Specific location where sample collected (ad CA-03 KITCHEA	dress or sample si	te, and type of faucet):	
Special instructions or comments:	MEST DWM	A Company of the Comp	
Type of Sample (must check only one box of			
1. Routine Distribution Sample		ample (follow-up	
Provide information below.		atisfactory sample)	
Chlorinated: YesNo_X	Provide informat		
Chlorine Residual: TotalFree	Unsatisfactory ro	outine lab number:	
3. Raw Water Source Sample			
Required for Surface Water, GWI, and		outine collect date:	
some Spring Sources	THE PERSON NAMED IN		
S	Chlorinated: Yes		
Dublic Systems must provide Course Number of CASTI	Chlorine Residua	al: Total Free	
Public Systems must provide Source Number from (WFI)  4. Sample Collected for Information On	lead of the lead of the	Contract Con	
Construction Repairs Pri	No. of Party and		
LAB USE ONLY DRINKING WA	ATER RESUL	IS LAB USE ONLY	
Unsatisfactory	70	Satisfactory	
Total Coliform Present and	Land Market	i sodi esa fasiniski.	
☐ E.coli present ☐ E.coli abse			
☐ Fecal coliform present ☐ Fecal colif	orm absent	TARREST CHARLET LA	
Replacement Sample Required		· · · · · · · · · · · · · · · · · · ·	
Sample not tested because:	Test unsuitable	e because:	
☐ Sample too old (>30 hours)	_ TNTC		
☐ Improper Container NOV 2 1 200 ☐ Turbid culture			
Bacterial Density Results: Plate CountREGIO	V 10 /ml E c	oli /100ml.	
_ OFFICE OF WAT	ER Coliform		
Method Code:		and Time Received:	
MICR- 2 7 2 0	Date	and Time Neceived.	
Date Analyzed:	Data F	Reported: 9.40 Hm	
11-20-07		se Only:	
092		Bhis.	
Sample Number (DOH number plus five digits)			

# 223 E. 4th St. Suite 14 Port Angeles, WA 98362 (360) 417-2334

### COLIFORM BACTERIA ANALYSIS

108

COLITORIAL	ACIER	IA AN	AL13I3		
Date Sample Collected	Fime Sample Collected	е	County		
Month Day Year	37	M AM □ PM	CLALLAM		
Type of Water System (check only one bo	(v)	FERENCE	E REFERENCE DE LA CONTRACTOR		
Group A Public	☐ Privat	a Househ	old		
☐ Group B Public	Other_	N	TNC		
Group A and Group B Systems - Provide	from Water	Facilities	Inventory (WFI):		
ID# <u>T H 3 8</u>	2	6			
System Name: 7 CEOAR Contact Person: MAT AO	S CAS	sino	sant mirror of the		
111 11 11 11 01			The Administra		
Day Phone: ( ) 681 - 463	AND THE RESERVE		(A. 1.)		
Eve. Phone: ( )	FAX:	(			
Send results to: (Print full name, address and zi	code)				
1033 010	Blyn	Hiw	ny		
SEQUIM L	VA 9	1838	2		
SAMPLE	INFORM	ATION			
Sample collected by (name): J B &	CKER	REELE	POWETON NO		
Specific location where sample collected (c) CA-06 Women	address or s	sample sit	te, and type of faucet):		
Special instructions or comments:		Billion Control	TR'BE		
Type of Sample (must check only one box					
1. Routine Distribution Sample					
Provide information below.			mple (follow-up		
Chlorinated: Yes No X			etisfactory sample)		
Chlorine Residual: Total Free	1		on below.		
	Unsatis	ractory ro	utine lab number:		
3. Raw Water Source Sample	1000				
Required for Surface Water, GWI, and some Spring Sources	Unsatis		utine collect date:		
some Spring Sources	Chlorin		NAME OF THE OWNER.		
S			No		
Public Systems must provide Source Number from (WFI)	Chionne	Residua	l: Total Free		
Sample Collected for Information Only					
Construction Repairs F	The State of the Late	dence	Other		
LAB USE ONLY DRINKING V	A THE RESERVE OF THE PARTY OF T				
☐ Unsatisfactory	MILKK	1/	Satisfactory		
Total Coliform Present and	GF 12774	M	Salistactory		
☐ E.coli present ☐ E.coli ab	Sent	BR	E I NO E		
☐ Fecal coliform present ☐ Fecal co			FINE		
Replacement Sample Required	morn abser	III .			
NEW 1 3 2007					
Sample too old (>30 hours)					
☐ Improper Container ☐ Turbid culture OF WATER					
		0.666	Z OT WATER		
Bacterial Density Results: Plate Count/ml. E.coli/100ml.					
Total Coliform/100ml. Fecal Coliform/100ml.					
Method Code: Date and Time Received:					
MICR- 2720					
Date Analyzed:	array .		eported: 11.10 AM		
092	1	Lab Us	e Only:/-9-07		
Sample Number (DOH number plus five digits)			Bup		
DH Form #331 310 (revised 8/05)					

( ) P	ounty Environr 223 E. 4th St. Suit ort Angeles, WA (360) 417-2334	e 14 98362 4	O AN
COLIFC	RM BACTERIA		,
Date Sample Collected	Time Sample Collected		County
1013107		LAM C	
Month Day Year	10:10	DPM LCA	LAM
ype of Water System (check o	nly one box)		
☑ Group A Public	☐ Private	Household	
Group B Public	Other_	NTNC	
Group A and Group B Systems	<ul> <li>Provide from Water</li> </ul>	Facilities Inventory (V	VFI):
T H 3	8 2	6	
D#		. 1	
	EDARS CA:		
	ATT ADA		
Day Phone: ( ) 🎉	1 1080	Phone: ( )	
Eve. Phone: ( )	FAX	:( )	
Send results to: (Print full name, a	ddress and zip code)		
MAT	r ADAMS		
1033	old Blyn	Hiway	
SEQUI	M WA 983	382	
	SAMPLE INFORI	MATION	
	SAMI EL INI OTA		
Sample collected by (name):	J BECKE		
Specific location where samp	ele collected (address o	r sample site, and typ	e of faucet):
Special instructions or comm			,
A RILL 7	TO JAMES	1000	BE
Type of Sample (must chec	k only one box of #1 th	rough #4 listed below	')
-31		Popeat Sample (fo	llow-up

2. Repeat Sample (follow-up 1. Routine Distribution Sample to an unsatisfactory sample) Provide information below. Provide information below. Chlorinated: Yes\_\_\_\_\_ No\_X Unsatisfactory routine lab number: Chlorine Residual: Total\_\_\_\_ Free 3. Raw Water Source Sample Unsatisfactory routine collect date:

Required for Surface Water, GWI, and

Total Coliform Present and

Replacement Sample Required

☐ Fecal coliform present

☐ E.coli present

some Spring Sources Chlorinated: Yes\_\_\_\_ No\_ Chlorine Residual: Total\_\_\_\_ Free\_ Public Systems must provide Source Number from (WFI) 4. ☐ Sample Collected for Information Only Repairs\_\_\_\_\_ Private Residence Construction\_ LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY Satisfactory ☐ Unsatisfactory

☐ E.coli absent

☐ Fecal coliform absent

Test unsuitable because: Sample not tested because: ☐ TNTC U.S. EPA REGION
OFFICE OF WATE ☐ Sample too old (>30 hours) ☐ Improper Container /100ml. /ml. E.coli Bacterial Density Results: Plate Count\_ /100ml. Fecal Coliform Total Coliform\_ Method Code: MICR- 2720\_

Date Reported: Date Analyzed: Lab Use Only: Sample Number (DOH number plus five digits)

DOH Form #331-319 (revised 8/05)

COLIFC	RM BACT	ERIA AN	ALYSIS
Date Sample Collected	Time Sa	imple	County
10 13 107	Collec	ted AM	
Month Day Year	10 11	□ PM	CLALLAM
Type of Water System (check or		g (special)	A PHOLE AND THE PARTY
Group A Public	- DI	Private Housel	nold
☐ Group B Public		Other	
Group A and Group B Systems	- Provide from	Nater Facilities	s Inventory (WFI):
ID# <u>T H 3</u>	8 3	de la	an all although to the
	DARS		) del administration
Contact Person: M	ATT A	Call Phone:	(
Day Phone: ( ) 68	1-4660	FAX: (	
Eve. Phone: ( ) Send results to: (Print full name, ad	dress and zip code		/ (A SDR11)
Send results to. (Print full flame, ac	a se se se se		esadul nod rekolitic
1033	old Ble	in His	way
SEquir	n WA	98382	The second second
	SAMPLE IN	FORMATIO	ON
Sample collected by (name):	J BEC	KER	er marmark
Specific location where sample	le collected (add	ress or sample	e site, and type of faucet):
CA-03 n	1AIA K	TCHEN	Sink
Special instructions or commo	ents:	necons	IN TRIBE
Type of Sample (must check	only one box o	f #1 through #4	4 listed below)
1. Routine Distribution S		2. Repea	t Sample (follow-up
Provide information below.	er etailfyr e	to an	unsatisfactory sample)
Chlorinated: YesNo_X Provide information below.			
Chlorine Residual: Total	Free	Unsatisfacto	ry routine lab number:
3. Raw Water Source Sa			
Required for Surface Water,	GWI, and	Unsatisfacto	ory routine collect date:
some Spring Sources		Chlorinated	: Yes No
S			esidual: Total Free
Public Systems must provide Source Num	ber from (WFI)	me (819)	agosi 10 saligzidas.
4. Sample Collected for	Information O	nly	a residential di propinsi di p
Construction Repa	airsPi	rivate Residen	ceOther
LAB USE ONLY	DRINKING W	IATER RES	LAB USE ONLY
☐ Unsatisfactory	o pages o		Satisfactory
Total Coliform Present a		cont	
☐ E.coli present ☐ Fecal coliform present			OCT 9 2007
Replacement Sample		morni abgorig	001
		Test un	suitablelbécause: REGION 10
Sample not tested because  Sample too old (>30 ho		LINI	OFFICE OF WATER
☐ Improper Container	,		bid culture
	ar symmet		STATE OF STATES
Bacterial Density Results:	Plate Count		ml. E.coli/100ml.
Total Coliform	/100ml.	Fecal Colifor	m/100ml.
Method Code:	religione riche	d vidica	Date and Time Received:
MICR- 2720	12 2	07/3	Date Reported: 10-4-0
Date Analyzed:	10-5-		Lab Use Only: But
09207577	200		· Dar
Sample Number (DOH number plu DOH Form #331-319 (revised 8/05)	us five digits)	3-8	
DOH FOITH #331-319 (Tevised 6/03)			

COLIFORN	BACTERIA	A AN	ALYSIS		
Date Sample Collected	Time Sample		County		
9 11807	Collected		2		
Month Day Year	9 33	<b>₫</b> AM ] PM	CLALLAM		
Type of Water System (check only on	e box)				
Group A Public	☐ Private	Househ	old		
☐ Group B Public	Other_	N	TNG		
Group A and Group B Systems - Pro	vide from Water F	acilities	Inventory (WFI):		
ID# I H 3 8	2	6			
System Name: 7 CES	PARS C	ASI	no		
Contact Person: MATT	ADAMS		.,-		
Day Phone: (360 681-4	A TOTAL CONTRACTOR OF THE PARTY	hone: (	)		
Eve. Phone: ( )	FAX: (		)		
Send results to: (Print full name, address a	- '				
	¥ .				
1033 060			uny		
SEQUIM L	JA 983	82			
	PLE INFORMA	ATION			
Sample collected by (name):	BECKE	R			
Specific location where sample collect	ted (address or sa	ample si	te, and type of faucet):		
Special instructions or comments:			n TRIBE		
Type of Sample (must check only on					
1. Routine Distribution Sample			ample (follow-up		
Provide information below.			atisfactory sample)		
Chlorinated: YesNo_X	1		tion below.		
Chlorine Residual: Total Free			outine lab number:		
3. Raw Water Source Sample		dotory it	suite lab fluttibet.		
Required for Surface Water, GWI, and	d Unsatisf	actory re	outine collect date:		
some Spring Sources		/	/		
	Chlorina	ted: Yes	s No		
S			al: Total Free		
Public Systems must provide Source Number from (WFI)					
4. Sample Collected for Informat	ion Only				
Construction Repairs	Private Resid	ence	Other		
LAB USE ONLY DRINKIN	IG WATER R	ESUL	LAB USE ONLY		
Unsatisfactory		X	Satisfactory		
Total Coliform Present and					
☐ E.coli present ☐ E.c	coli absent	LE	GEIVER		
☐ Fecal coliform present ☐ Fecal coliform absent					
Replacement Sample Required		n	CT 4 2007		
Sample not tested because: Test unsuitable because:					
☐ Sample too old (>30 hours) ☐ Improper Container ☐ Turbid cuffine CE OF WATER					
The state of the s					
Bacterial Density Results: Plate Count		/ml. E.c	coli /100ml.		
Total Coliform/100m			/100ml.		
Method Code:			and Time Received:		
MICR- 2720		9/10	8/07 1035Am		
	-07	Date I	Reported:9 - 19 - 07		
1374111			se Only: Blad		
O92 7775 Sample Number (DOH number plus five digits)					
DH Form #331-319 (revised 8/05)					

### Clallam County Environmental Health

223 E. 4th St. Suite 14 Port Angeles, WA 98362 (360) 417-2334

**COLIFORM BACTERIA ANALYSIS** Date Sample Collected Time Sample Collected 9 4,07 MALLAM Month Day Year ПРМ Type of Water System (check only one box) ☐ Group A Public ☐ Private Household ☐ Group B Public ☐ Other NTNC Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): + 7 CEDARS MATT ADAMS Contact Person: Day Phone: (360) 681-4665 Cell Phone: ( Eve. Phone: ( Send results to: (Print full name, address and zip code) MATI ADAMS 1033 OLD BLAN H: WAY SEQUIM WA SAMPLE INFORMATION Sample collected by (name): 

BECKER Specific location where sample collected (address or sample site, and type of faucet): CA-OS MAIN KITCHEN SINK Special instructions or comments: \* BILL TO JAMESTOWN TRIBE Type of Sample (must check only one box of #1 through #4 listed below) 1. Routine Distribution Sample 2. Repeat Sample (follow-up Provide information below. to an unsatisfactory sample) Chlorinated: Yes\_\_\_\_\_No\_X Provide information below. Chlorine Residual: Total\_\_\_\_ Free\_ Unsatisfactory routine lab number: 3. Raw Water Source Sample Required for Surface Water, GWI, and Unsatisfactory routine collect date: some Spring Sources Chlorinated: Yes\_ No Chlorine Residual: Total Free Public Systems must provide Source Number from (WFI) 4. Sample Collected for Information Only Construction Repairs Private Residence LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY ☐ Unsatisfactory Satisfactory Total Coliform Present and ☐ E.coli present ☐ E.coli absent ☐ Fecal coliform present ☐ Fecal coliform absent ☐ Replacement Sample Required Sample not tested because: Test unsuitable because: ☐ Sample too old (>30 hours) TNTC Turbid culture OFFICE OF V ☐ Improper Container Bacterial Density Results: Plate Count /ml. E.coli\_ Total Coliform \_\_\_\_\_\_/100ml. Fecal Coliform\_\_\_\_\_\_/100ml. Method Code: Date and Time Received: MICR- 2720\_\_ 9-4-67 12:36 Date Analyzed: Date Reported: Lab Use Only: But

Sample Number (DOH number plus five digits)
DOH Form #331-319 (revised 8/05)

COLIFORM BA	CTERIA AN	ALYSIS			
	ne Sample	County			
8 16,07	collected				
0	Z AM	Class			
Month Day Year 8	: <b>5</b> / PM	CLALLAM			
Type of Water System (check only one box)					
	Private Househ				
	Other	NTNC			
Group A and Group B Systems – Provide fro	om Water Facilities	Inventory (WFI):			
ID# I H 3 8	26				
System Name: 7 CEOAR	c Che'				
Contact Person: Vickie C	S CHSIN	O			
Day Phone: ( ) 681-4659		`.			
	0	)			
Send results to: (Print full name, address and zip of		)			
VICKIE CARRO					
		9.41			
1033 OLD BL		7			
SERYIM WA	98382				
SAMPLE	NFORMATION				
Sample collected by (name): 3.86	ckea				
Specific location where sample collected (ad	TCHEN	Sin K			
Special instructions or comments:					
	NESTOWN				
Type of Sample (must check only one box of					
1. Routine Distribution Sample		ample (follow-up			
Provide information below.  Chlorinated: Yes No	2000 2000 00 00	atisfactory sample)			
Chlorine Residual: Total Free	Provide informat				
3. Raw Water Source Sample	Ulisalistactory fo	outine lab number:			
Required for Surface Water, GWI, and	Unsatisfactory re	outine collect date:			
some Spring Sources		/			
		No			
S		al: Total Free			
Public Systems must provide Source Number from (WFI)	STREETING TROOKED	ui. 10tai11cc			
4. Sample Collected for Information Only					
Construction Repairs Private Residence Other					
LABUSE UNLY DRINGING IN	ATED DESIL	TS LAB USE ONLY			
□ Unsatisfactory	FILENTA	The second secon			
Total Coliform Present and		Satisfactory W E			
☐ E.coli present ☐ E.coli abs					
☐ Fecal coliform present ☐ Fecal col	111 111	IC 2 2 2007			
Replacement Sample Required	nonnausent A	IG 2 Z 2001			
Sample not tested because:  Sample too old (>30 hours)	1	le because: 1014 10			
☐ Improper Container ☐ Turbid culture					
Bacterial Density Results: Plate Count /ml, E.coli /100ml					
T-4-1 O 11/	/ml. E.d	71001111.			
Method Code:	ecal Coliform	/100ml.			
Date and Time Received:					
	Dota I	16-07 9:45AM			
Date Analyzed: 8-16-	I ah II	Reported: $g-(7-0)$ se Only: $g$			
092 07/32 Sample Number (2011 augustus da 15 11 11 11		Jing			
Sample Number (DOH number plus five digits) DOH Form #331-319 (revised 8/05)					

### COLIECDM PACTEDIA ANALVEIS

Date Sample Collected  8
Type of Water System (check only one box)  Group A Public Group B Public  Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):  D# H 3
Group A Public Group B Public Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):    D#
Group B Public  Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):  ID# H 3 8 2 6  System Name:
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):  ID#
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI):  ID#
System Name: 7 CEDARS CASINO Contact Person: Uickie CARROLL  Day Phone: ( ) 681- 4659 Cell Phone: ( ) Eve. Phone: ( ) 582-9049 FAX: ( ) Send results to: (Print full name, address and zip code)
Contact Person:
Contact Person:
Eve. Phone: ( ) 582-9049 FAX: ( )  Send results to: (Print full name, address and zip code)  VICKIE CARROLL  1033 OLO BLY HIWAY  SEQUIM WA 98382  SAMPLE INFORMATION  Sample collected by (name):  Specific location where sample collected (address or sample site, and type of faucet):  CA - OL WOMENS WASHADOM  Special instructions or comments:  ***BILL TO JAMESTOWN TRIBE**  Type of Sample (must check only one box of #1 through #4 listed below)  1. **X Routine Distribution Sample**  Provide information below.  Chlorinated: Yes No Chlorine Residual: Total Free  3. **Raw Water Source Sample**  Required for Surface Water, GWI, and some Spring Sources  S   Washers must provide Source Number from (WFI)  PLAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY  Unsatisfactory  Total Coliform Present and  E.coli present
Send results to: (Print full name, address and zip code)  VICKIE CARROLL  //033 OLO BLYN HIWAY  SEQUIM WA 98382  SAMPLE INFORMATION  Sample collected by (name):  Specific location where sample collected (address or sample site, and type of faucet):  CA - OL WOMENS  Special instructions or comments:  **BILL TO JAMESTOWN TRIBE*  Type of Sample (must check only one box of #1 through #4 listed below)  1. A Routine Distribution Sample  Provide information below.  Chlorinated: Yes No  Chlorinated: Yes No  Chlorinated: Yes No  Chlorinated for Surface Water, GWI, and some Spring Sources  S Imple Collected for Information Only  Construction Repairs Private Residence Other  LAB USE ONLY
Sample collected by (name):  Sample collected by (name):  Specific location where sample collected (address or sample site, and type of faucet):  CA - OL WOMENS WASHADOM  Special instructions or comments:  *** B:(( TO JAMESTOW) TRIBE  Type of Sample (must check only one box of #1 through #4 listed below)  1. **X Routine Distribution Sample  Provide information below.  Chlorinated: Yes No
Sequim WA 98382  SAMPLE INFORMATION  Sample collected by (name):    Secker   Specific location where sample collected (address or sample site, and type of faucet):   CA - OL WOMENS WASHADOM
SAMPLE INFORMATION  Sample collected by (name):  Specific location where sample collected (address or sample site, and type of faucet):  CA - OL WOMENS WASHADOM  Special instructions or comments:  *** B LL TO JAMESTOWN TRIBE  Type of Sample (must check only one box of #1 through #4 listed below)  1. ** Routine Distribution Sample Provide information below.  Chlorinated: Yes No No Note of the information below.  Chlorine Residual: Total Free on a unsatisfactory sample) Provide information below.  Chlorine Residual: Total Free or unsatisfactory reutine lab number:  ** July 13 2007  Chlorinated: Yes No Chlorine Residual: Total Free No Chlorine Residual: T
SAMPLE INFORMATION  Sample collected by (name):  Specific location where sample collected (address or sample site, and type of faucet):  CA - OL WOMENS WASHADOM  Special instructions or comments:  *** B LL TO JAMESTOWN TRIBE  Type of Sample (must check only one box of #1 through #4 listed below)  1. ** Routine Distribution Sample Provide information below.  Chlorinated: Yes No No Note of the information below.  Chlorine Residual: Total Free of the information below.  Chlorine Residual: Total Free of the information below.  Provide information below.  Chlorine Residual: Total Free of the information below.  Provide information below.  Chlorine Residual: Total Free of the information below.  Provide information below.  Chlorine Residual: Total Free of the information only of the information below.  Provide information below.  Chlorine Residual: Total Free of the information only of t
SAMPLE INFORMATION  Sample collected by (name):    TBECKER    Specific location where sample collected (address or sample site, and type of faucet):   CA - OL
Specific location where sample collected (address or sample site, and type of faucet):  CA - OL WOMENS WASHADOM  Special instructions or comments:  *** B : (L TO JAMESTOWN TRIBE**)  Type of Sample (must check only one box of #1 through #4 listed below)  1. **X Routine Distribution Sample**  Provide information below.  Chlorina Residual: Total Free  3. **Raw Water Source Sample**  Required for Surface Water, GWI, and some Spring Sources  S   Jamestofactory require Jab number:
Specific location where sample collected (address or sample site, and type of faucet):  CA ~ O
Special instructions or comments:    Bic To James Town Tribse
Type of Sample (must check only one box of #1 through #4 listed below)  1. Routine Distribution Sample Provide information below.  Chlorinated: Yes No Chlorine Residual: Total Free  3. Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources  S
Type of Sample (must check only one box of #1 through #4 listed below)  1. Routine Distribution Sample Provide information below. Chlorinated: Yes No Chlorine Residual: Total Free  3. Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources  S
2. Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Chlorinated: Yes No Chlorine Residual: Total Free  3. Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources  S No Public Systems must provide Source Number from (WFI)  4. Sample Collected for Information Only Construction Repairs Private Residence Other  LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY  Unsatisfactory Total Coliform Present and  E.coli present E.coli absent  Fecal coliform present Fecal coliform absent  Replacement Sample Required  Sample not tested because: Test unsuitable because:  Sample too old (>30 hours)  TNTC
Chlorinated: YesNo
Chlorine Residual: Total Free
Chlorine Residual: Total Free
Required for Surface Water, GWI, and some Spring Sources  S
some Spring Sources    S
some Spring Sources    S
Chlorinated: Yes No Public Systems must provide Source Number from (WFI)  4. Sample Collected for Information Only Construction Repairs Private Residence Other  LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY  Unsatisfactory Total Coliform Present and  E.coli present E.coli absent  Fecal coliform present Fecal coliform absent  Replacement Sample Required  Sample not tested because:
Public Systems must provide Source Number from (WFI)  4. Sample Collected for Information Only  Construction Repairs Private Residence Other  LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY  Unsatisfactory  Total Coliform Present and  E.coli present E.coli absent  Fecal coliform present Fecal coliform absent  Replacement Sample Required  Sample not tested because: Test unsuitable because:  Sample too old (>30 hours)
A. Sample Collected for Information Only  Construction Repairs Private Residence Other  LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY  Unsatisfactory Total Coliform Present and  E.coli present E.coli absent Fecal coliform present Fecal coliform absent  Replacement Sample Required  Sample not tested because: Test unsuitable because:  Sample too old (>30 hours)
4. Sample Collected for Information Only  Construction Repairs Private Residence Other  LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY  Unsatisfactory  Total Coliform Present and  E.coli present E.coli absent  Fecal coliform present Fecal coliform absent  Replacement Sample Required  Sample not tested because: Test unsuitable because:  Sample too old (>30 hours)
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY  Unsatisfactory Total Coliform Present and  E.coli present
Unsatisfactory Total Coliform Present and  E.coli present  Fecal coliform present  Fecal coliform absent  Replacement Sample Required  Sample not tested because:  Sample too old (>30 hours)  TSatisfactory  Satisfactory  Test unsuitable because:
Total Coliform Present and  E.coli present
□ E.coli present □ E.coli absent □ Fecal coliform present □ Fecal coliform absent □ Replacement Sample Required  Sample not tested because: □ Test unsuitable because: □ Sample too old (>30 hours) □ TNTC
Fecal coliform present Fecal coliform absent  Replacement Sample Required  Sample not tested because: Test unsuitable because:  Sample too old (>30 hours) TNTC
Fecal coliform present Fecal coliform absent  Replacement Sample Required  Sample not tested because: Test unsuitable because:  Sample too old (>30 hours) TNTC
Sample not tested because:  Sample too old (>30 hours)  Test unsuitable because:  TNTC
Sample not tested because:  Sample too old (>30 hours)  Test unsuitable because:  TNTC
Sample too old (>30 hours)
<u> </u>
Bacterial Density Results: Plate Count/ml. E.coli/100ml.
Total Coliform /100ml. Fecal Coliform /100ml.
Method Code:  Date and Time Received:
MICR- 2 7 2 0
Date Analyzed: 8-1-07 Date Reported: 8-3-07
Lab Use Only: Burn
092 Sample Number (DOH number plus five digits)

COLIFOR	M BACTERI	A AN	ALYSIS		
Date Sample Collected	Time Sample		County		
711707	Collected				
•	8 00 1	MA D	CLALLAM		
Month Day Year	0:30	PM	CCACCAM		
Type of Water System (check only o					
Group A Public	☐ Private	Househ	old		
Group B Public	☐ Other_				
Group A and Group B Systems – Pr	-		Inventory (WFI):		
ID# I H 3	8 2	6			
System Name: 7 CEO	ARS CI	451	00		
A -	CARROL		10		
4 -		hone: (	)		
Eve. Phone: ( ) \$82 - 5	-	,	,		
Send results to: (Print full name, address		(	)		
Vickie	CARROLL				
1033 OL	n Biwa	41.	3.4.		
	-				
SEQUIM	WA Y	838	2		
SAN	IPLE INFORMA	ATION			
Sample collected by (name):	BECKER	ζ.	OF CONTRACTOR OF		
Specific location where sample colle	ected (address or s	ample si	te, and type of faucet):		
Special instructions or comments:			KLALLAM TRIBE		
Type of Sample (must check only o					
A-/					
1. Routine Distribution Sample Provide information below.			imple (follow-up		
h.c.	1		atisfactory sample)		
Chlorinated: Yes No Provide information below.  Chlorine Residual: Total Free Unsatisfactory routine lab number:					
	Urisalisi	actory re	duline lab number:		
3. Raw Water Source Sample Required for Surface Water, GWI, as	I Inactic	ooton, r	outine collect date:		
some Spring Sources	ld Olisatisi		/		
J I I I	Chlorina		No		
S			al: Total Free		
Public Systems must provide Source Number from (WF		ricoldu	ai. TotalTTee		
4. Sample Collected for Information Only					
Construction Repairs Private Residence Other					
LAB USE ONLY DRINK	ING WATER R	ESUL'	TS LAB USE ONLY		
Unsatisfactory			Satisfactory		
Total Coliform Present and			,		
☐ E.coli present ☐ E	.coli absent		EIVEM		
☐ Fecal coliform present ☐ F	ecal coliform abser	nt			
Replacement Sample Required	- 111 111		25 2007		
Sample not tested because:	Test		25 2007 e because:		
Sample too old (>30 hours)					
☐ Improper Container			EPA REGION 10		
☐ Improper Container ☐ Turbid@quttuge OF WATER					
Bacterial Density Results: Plate Count /ml. E.coli /100ml.					
Total Coliform					
Method Code:  Date and Time Received:					
MICR- 2 7 2 0		7-1	1-01 10:00Am		
Date Analyzed: 7-17	1-07		Reported: 7-18-07		
092 06.789		Lab U	se Only: Bund		
Sample Number (DOH number plus five digits)			-		
OH Form #331-319 (revised 8/05)					



COLIFC	ORM BA	CTERIA	AN	ALYSIS	
Date Sample Collected		e Sample		County	
7,9,07	C	ollected	^ ^ ^		
Month Day Year	10	O OS PM CLALLAN			
Type of Water System (check or	ılv one box)		IVI		
Group A Public		☐ Private Ho	useh	old	
☐ Group B Public		Other			
Group A and Group B Systems -					
ID# F H 3		2 6	2	, , ,	
System Name: SEVEN	CEL	ARS C	AS	ino	
		ROCC	,	,	
	4659			)	
Send results to: (Print full name, addr			)		
	ARRO			2.3	
1033 OLD	BLAN	Hiw	44	<i>f</i> .	
	and the second	78382	~		
S	AMPLE II	NFORMAT	ION		
Sample collected by (name):	T BEC	KER			
Specific location where sample c	ollected (ad	dress or samp			
CA-03 MA	n KiTa			vice sink	
Special instructions or comments		7011 C	الاس	ALLAM TRIBE	
Type of Sample (must check on					
1. Routine Distribution Sam				mple (follow-up	
Provide information below.				tisfactory sample)	
Chlorinated: Yes No_X		Provide info	ormati	on below.	
Chlorine Residual: Total Fr		Unsatisfacto	ory ro	utine lab number:	
3. Raw Water Source Sampl		8			
Required for Surface Water, GWI	, and	Unsatisfacto	6 12	utine collect date:	
some Spring Sources		Chlorinatod	CD villa	- 1 - LOO	
S	Chlorinated: YesNo Chlorine Residual A ota GION Free				
Public Systems must provide Source Number from	(WFI)	Omornio 1 Q	OFFI	CE OF WATER	
4. Sample Collected for Info	rmation On	ly			
Construction Repairs	Pri	vate Residenc	ce	Other	
LAB USE ONLY DRIN	IKING W	ATER RES	ULT	S LAB USE ONLY	
☐ Unsatisfactory			A	Satisfactory	
Total Coliform Present and			1		
	E.coli abs				
		orm absent			
Replacement Sample Requi	reu	_			
Sample not tested because:				because:	
☐ Sample too old (>30 hours) ☐ Improper Container		☐ TNTC		line.	
			a Cunt	ire	
Bacterial Density Results: Plate C	ount	/ml	l. E.co	li /100ml.	
Total Coliform/1		ecal Coliform			
Method Code:				nd Time Received:	
MICR- 2 7 2 0			7-9	-07 11:35 AM	
Date Analyzed: 7 -	9-0	7 D	ate R	eported: 7-10-07	
092 06715		La	ab Us	e Only: pmp	
Sample Number (DOH number plus five digits	5)				
DOH Form #331-319 (revised 8/05)					

COLIFORM BA	ACTERIA	ANALYSI	S	
	me Sample		County	
6 2007	Collected			
Month Day Year	36	AM CL	ALLAM	
Type of Water System (check only one box	()			
☐ Group A Public	☐ Private Ho	ousehold		
☐ Group B Public	Other	nThe		
Group A and Group B Systems – Provide f	rom Water Fac	ilities Inventory	(WFI):	
ID# I H 3 8	2 6	2		
System Name: 7 CEDAR	CASI	no		
Contact Person: Vickie C				
Day Phone: ( ) 681-465				
Eve. Phone: ( ) 582-904	9 FAX: (	)		
Send results to: (Print full name, address and zip	,			
VICKIE CARR				
	yn H	iway		
SEQUIM WA	98382	34		
SAMPLE	INFORMAT	ION		
	ECHER	4		
Specific location where sample collected (a	ddress or samp	ole site, and type HROOM	pe of faucet):	
Special instructions or comments:	STOWN	TRIB	$\epsilon$	
Type of Sample (must check only one box				
1.X Routine Distribution Sample	2. Repea	at Sample (fol	low-up	
Provide information below.		unsatisfactor		
Chlorinated: YesNo_X Provide information below.				
Chlorine Residual: Total Free Unsatisfactory routine lab number:				
3. Raw Water Source Sample				
Required for Surface Water, GWI, and	Unsatisfacto	ory routine colle	ect date:	
some Spring Sources				
s	Chlorinated:	YesN	0	
	Chlorine Re	sidual: Total	Free	
Public Systems must provide Source Number from (WFI)				
4. ☐ Sample Collected for Information O				
Construction Repairs Pr			ther	
LAB USE ONLY DRINKING W	ATER RES	1/	AB USE ONLY	
Unsatisfactory		Satisfact		
Total Coliform Present and	n E		VEMI	
☐ E.coli present ☐ E.coli ab	160			
☐ Fecal coliform present ☐ Fecal col	iform absent	2 2	107 J	
Replacement Sample Required	1 4 50	E	01	
Sample not tested because:	Test unsu	itable because		
☐ Sample too old (>30 hours)	☐ TNTC	. EPA REGION FICE OF WAT	110 FR	
☐ Improper Container		culture	LIV	
Bacterial Density Results: Plate Count	/ml.	. E.coli	/100ml.	
	ecal Coliform_		_/100ml.	
Method Code:		ate and Time R	7.00	
WICR- 2720	(		10.10 Am	
Date Analyzed: 6-20-0		ate Reported:		
092 06587	La	ab Use Only:	isme	
Sample Number (DOH number plus five digits) OH Form #331-319 (revised 8/05)				

COLIFORM BA	CIERI	A AN	ALYSIS
	ne Sample		County
616107	Collected	_	
Month Day Year 10	:06	MAM ☐ PM ☐	CLALLAM
Type of Water System (check only one box)	1		
Group A Public	☐ Private	Househ	old
Group B Public	Other_	NT	nc
Group A and Group B Systems – Provide from	om Water F	acilities	Inventory (WFI):
	2	6	
System Name: 7 CEOAR	s C.	Asi	0
	ARA		
Day Phone: ( ) 681-4659			)
Eve. Phone: ( ) 582-9049	_		
Send results to: (Print full name, address and zip of	ode)		
DICKIE CARRE	DLL		
1033 OLO BL	in h	lwy	
SEQUIM WA	983	82	
SAMPLE	NFORMA	ATION	
Sample collected by (name): J Bec	KER		
Specific location where sample collected (ad	ldress or sa	ample site	e, and type of faucet):
Special instructions or comments:	ATER		EcH ROOM
* BILL TO JA	MEST	nida	TRIBE
Type of Sample (must check only one box	of #1 through	gh #4 list	ed below)
1. Routine Distribution Sample			mple (follow-up
Provide information below.			tisfactory sample)
Chlorinated: Yes No	2000 2009 10		on below.
Chlorine Residual: Total Free			utine lab number:
3. Raw Water Source Sample			
Required for Surface Water, GWI, and	Unsatisfa	actory ro	utine collect date:
some Spring Sources		1	
	Chlorinat		No
501			l: Total Free
Public Systems must provide Source Number from (WFI)			
4. ☐ Sample Collected for Information On	ly		
Construction Repairs Pri	vate Reside	ence	Other
LAB USE ONLY DRINKING WA	ATER RE	ESULT	S LAB USE ONLY
☐ Unsatisfactory			Satisfactory
Total Coliform Present and		EG	FIVED
☐ E.coli present ☐ E.coli abse	ant /		
☐ Fecal coliform present ☐ Fecal colif	orm absen	1 21 21 2	. 0 0007
Replacement Sample Required	пп	JUN	13 200/
Sample not tested because:	Test ur	nsuitable	because:
☐ Sample too old (>30 hours)		TU.S. E	PA REGION IN
☐ Improper Container		OFFI(	CE OF WATER
		ora ountu	
Bacterial Density Results: Plate Count		ml. E.co	li /100ml.
7.10.00	ecal Colifor		/100ml.
			nd Time Received:
Micr. 2720 MicR - 1140	)	6-1	
Date Analyzed: 6-6-07	7	Date Re	eported: 6-7-07
on Add n		Lab Use	e Only: BMP
Sample Number (DOH number plus five digits)			
OOH Form #331-319 (revised 8/05)			



COLIFORN	IBACTERI	A ANA	ALYSIS	
Date Sample Collected	Time Sample Collected		County	
616107		MAM	0	
Month Day Year		PM	CLALLAM	
Type of Water System (check only on	e box)			
Group A Public	☐ Private	Househo	old	
Group B Public		7777		
Group A and Group B Systems – Prov			nventory (WFI):	
ID# I H 3 8	2	6		
System Name: 7 CEDA			)	
Contact Person: Vickie				
Day Phone: ( ) 681-46			)	
Eve. Phone: ( ) 582-90		)		
Send results to: (Print full name, address ar	AROLL			
1033 000	BLun 1	Hwy		
SEQUIM W				
SAMP	LE INFORMA	ATION		
Sample collected by (name):	BECKEL			
Specific location where sample collect	ed (address or sa	ample site	e, and type of faucet):	
Special instructions or comments:	4	ien (	SINK BAR)	
Type of Sample (must check only one	box of #1 through	gh #4 liste	ed below)	
1. Routine Distribution Sample	2. ☐ Re	peat San	nple (follow-up	
Provide information below.	to	an unsat	tisfactory sample)	
Chlorinated: YesNo_X	Provide i	informatio	on below.	
Chlorine Residual: Total Free	Unsatisfa	actory rou	itine lab number:	
3. Raw Water Source Sample				
Required for Surface Water, GWI, and	Unsatisfa	actory rou	itine collect date:	
some Spring Sources				
s		Chlorinated: YesNo		
Public Systems must provide Source Number from (WFI)	Chlorine	Residual	: Total Free	
4. ☐ Sample Collected for Information	on Only			
Construction Repairs		ence	Other	
	G WATER RE			
☐ Unsatisfactory	O WATER IN	/	Satisfactory	
Total Coliform Present and	D		FIVED	
	oli absen	3 0.	G I V G	
	al coliform absent	f 83 80 F		
Replacement Sample Required		JUN	1 3 200/ P	
Sample not tested because:	Tactus	a a vitable	because:	
☐ Sample too old (>30 hours)	☐ TN	USFF	Decause.	
☐ Improper Container	And in contrast of the last of	rbid cultur	7	
		DIG CUITUI	e	
Bacterial Density Results: Plate Count		/ml. E.col	i	
Total Coliform/100ml.	Fecal Colifor	m	/100ml.	
Method Code:		Date an	d Time Received:	
MICR- 2720		10-1	6-07 12:00 pm	
Date Analyzed: 6-6-0	7		eported: 6-7-07	
092 060463		Lab Use	Only: Bow	
Sample Number (DOH number plus five digits)				
DOH Form #331-319 (revised 8/05)				

COLIFO	RM BAC	TERIA A	NALYSIS
Date Sample Collected		Sample	County
5116107	Col	lected 🔀 AM	0
Month Day Year	9	<u>20</u> □ PM	CLALLAM
Type of Water System (check onl	y one box)		19
Group A Public		Private House	
☐ Group B Public		Other /	
Group A and Group B Systems –	Provide from	Water Facilitie	s Inventory (WFI):
ID# <u>T</u> <u>H</u> <u>3</u>	8	26	
System Name: 7 CE	0000	0 40	
Contact Person: Dicki	E ()	ROLL	NO
		Cell Phone:	
	- 9049		)
Send results to: (Print full name, addre		,	1
Dickie Ci			
1033 060	BLyn	Hwy	
SEQUIM W.	4 98	382	
	MPLE IN	ORMATIO	N
Sample collected by (name):	BEC	KER	
Specific location where sample co	llected (addr	ess or sample :	site, and type of faucet):
CA-03 MA	in Ki	TCHEN	sink
Special instructions or comments:		h = = =	70'00
Type of Sample (must check only	one hov of:	#1 through #4.1	1 TRIBE
1. Routine Distribution Samp			ample (follow-up
Provide information below.			satisfactory sample)
Chlorinated: Yes No		Provide informa	
Chlorine Residual: Total Fre	_		routine lab number:
3. Raw Water Source Sample		,	
Required for Surface Water, GWI,	and	Unsatisfactory	routine collect date:
some Spring Sources			
s		Chlorinated: Ye	s No
		Chlorine Reside	ual: Total Free
Public Systems must provide Source Number from (			
4. Sample Collected for Information			
Construction Repairs			
	KING WA	TER RESUL	
Unsatisfactory  Total Coliform Present and			Satisfactory
	E.coli absen		GEIVEN
☐ Fecal coliform present			
Replacement Sample Requir		M	AY 2 3 2007 14
			11 0
Sample not tested because:  Sample too old (>30 hours)		Test unsuitab	le because: S. EPA REGION 10
☐ Improper Container		_ (	OFFICE OF WATER
		Turbid cu	iture
Bacterial Density Results: Plate Co	ount	/ml F	coli /100ml.
Total Coliform/10		al Coliform	
Method Code:			and Time Received:
MICR- 2 7 2 0			-16-07 950 Am
Date Analyzed: 5-16	-07	Date	Reported: 57-17-07
092 0624	5	Lab l	Jse Only: BMP
Sample Number (DOH number plus five digits)		-	
DOH Form #331-319 (revised 8/05)			

### COLIFORM BACTERIA ANALYSIS

COLIFORIVI DA	ACTENIA A	INALIOIO
Buto Gampio Gonesia	me Sample Collected	County
512107	AN AN	1
Month Day Year	_: 49 DPM	CLACCAM
Type of Water System (check only one box	()	
Group A Public	☐ Private Hou	sehold
Group B Public	7	TAC
Group A and Group B Systems – Provide	from Water Facili	ties Inventory (WFI):
D# I H 3 8	26	_
System Name: 7 CEDAR	CASIN	0
Contact Person: Vickie		
Day Phone: ( ) 681-465	Gell Phone	e: ( )
Eve. Phone: ( ) 582 - 904		)
Send results to: (Print full name, address and zi	p code)	
VICKIE CAR	ROLL	
1033 OLD B	Lyn Hu	4
SEQUIM W	0 - 6	7
	INFORMATI	
	. IN ONWALL	VII.
Sample collected by (name): <b>3</b>	ECKER	
Specific location where sample collected	(address or samp	ole site, and type of faucet):
CA-01 RAU	WAT	ER TAP
Special instructions or comments:	m = ====	TAIRE
Type of Sample (must check only one b		
1. ☐ Routine Distribution Sample		at Sample (follow-up
Provide information below.		unsatisfactory sample)
Chlorinated: Yes No		ormation below.
Chlorine Residual: Total Free	_ Unsatisfact	ory routine lab number:
3. Raw Water Source Sample		
Required for Surface Water, GWI, and	Unsatisfact	tory routine collect date:
some Spring Sources		
SPI		d: YesNo
	Chlorine R	esidual: Total Free
Public Systems must provide Source Number from (WFI)  4. Sample Collected for Information	n Only	
Construction Repairs		nce Other
	WATER RE	
	MATERIAL	Satisfactory
Unsatisfactory  Total Coliform Present and		
	i absent	
	I coliform absent	
Replacement Sample Required		1
Sample not tested because:	Test un	suitable because:
Sample too old (>30 hours)	☐ TN1	
☐ Improper Container	☐ Tur	bid culture
Bacterial Density Results: Plate Count_		ml. E.coli/100ml.
Total Coliform/100ml.		m <li>/100ml.</li>
Method Code: mic R - 11	40	Date and Time Received:
MICR- 2720	****	5-2-07 12.30 pm
Date Analyzed: 5-2-0	7	Date Reported: 5 -3 -07
092 06107		Lab Use Only: BMP
Sample Number (DOH number plus five digits)		
DOH Form #331-319 (revised 8/05)		

(360) 417-		
COLIFORM BACTE	RIA ANA	LYSIS
Date Sample Collected Time Sar Collect	mple	County
512107	MA 🔀	0.
Month Day Year 9:4	C PM	CLALLAM
Type of Water System (check only one box)		
D O Public DP	rivate Househo	old
Group B Public	other 17	15
Group A and Group B Systems – Provide from V	Vater Facilities	Inventory (WFI):
2 0 2	6	
ID#		
System Name: 7 CEDARS	ASIN	0
Contact Person: Vickiz CAN	Cell Phone: (	)
Day Phone: ( ) 681-4659	FAX: (	)
Eve. Phone: ( ) <b>582-9049</b>		1
Send results to: (Print full name, address and zip code	O(L	
1033 OLD Blyn	44710	
	9797	
SEQUIM WA 9.	8285	AI .
SAMPLE INI	-ORMATIO	IN .
Sample collected by (name): 5	KED	
Occasion where sample collected (add	ress or sample	site, and type of faucet):
CA-06 Wome	15 B	ATHROOM
Special instructions or comments:		
X Dill TO JAME	ETOWN	TRIBE
Type of Sample (must check only one box or	f#1 through #4	I listed below)
1. Routine Distribution Sample	2. Repeat	Sample (follow-up
Provide information below.		unsatisfactory sample)
Chlorinated: YesNo		mation below.
Chlorine Residual: Total Free	Unsatisfacto	ry routine lab number:
3. ☐ Raw Water Source Sample		
Required for Surface Water, GWI, and	Unsatisfacto	ory routine collect date:
some Spring Sources		V No
s	Chlorinated:	: Yes No esidual: Total Free
	Chlorine Re	esiduai: TotaiTTee
Public Systems must provide Source Number from (WFI)	nlv	
4. ☐ Sample Collected for Information O  Construction Per	rivate Residen	ce Other
	VATER RES	SULTS LAB USE ONLY
END OOL OUT	William	Satisfactory
Unsatisfactory		
Total Coliform Present and	osent	
L.compresent	oliform absent	
_ TOOLI COM _ T	EIV	5 1
Replacement Sample Required	Toot up	suitable because:
Sample not tested because:	Test un	
Sample too old (>30 hours)		bid culture
☐ Improper Container		Did Guitaro
U.S. E		/ml. E.coli/100n
Bacterial Density Results: Plate Count	Fecal Colifor	/III. L.COII
Total Coliform/100ml.	recai Collio	Date and Time Received:
Method Code:		5-2-07 12:36P
MICR- 2720	7	Date Reported: 5 - 3 - 0
Date Analyzed: 5-2-0	/	Lab Use Only: Bmp
092 06102		
Sample Number (DOH number plus five digits)		

DOH Form #331-319 (revised 8/05)

223 E. 4th St. Suite 14 Port Angeles, WA 98362 (360) 417-2334

## WATER BACTERIOLOGICAL ANALYSIS

WATER BACTERIOLOGIC SAMPLE COLLECTION; READ INSTRU	ICTIONS THOROUGHLY
	COUNTY NAME
MONTH DAY YEAR 10:21	CLALLAM
YPE OF SYSTEM IF PUBLIC SYSTEM, COM	PLETE:
PUBLIC I.D. NO. I H 3	8 2 6 CIRCLE GROUP
(serves only 1 residence)	Jan to the contract of
NAME OF SYSTEM	
7 CEDARS CASINO SPECIFIC LOCATION WHERE SAMPLE COLLECTED TE	LEPHONE NO.
OI OI	AY( ) 681-4659
RAW WATER	VENING ( ) 582-9019
SAMPLE COLLECTED BY: (Name)	YSTEM OWNER/MGH. (Name)
	A NESSE
THE MALE TO LINE IEE	BURCHASED OF COMBINATION
SURFACE WELL OF SPRING	INTERTIE or OTHER
WELL TILLD	and Zip
VICKIE CHIE	
1033 OLD BLAN	Hiway
SEOVIM WA 9838	WASHINGTON
OF CAMPIE	
(check only one in this column)	hlorinated (Residual:TotalFree)
	hlorinated (Hesidual I otto
I I ROUTINE	Intreated or Other
DRINKING WATER	Illieatod S.
check treatment	a and the same of
☐ REPEAT SAMPLE Lab	#
Previous coliform presence	The Coliform
RAW SOURCE WATER SOURCE WATER	urce # S O I Fecal Coliform
NEW CONSTRUCTION OF HELF ANTI-	The Carlotte Hall
OTHER (Specify) metho	d 9222D
HEMANNS.	STOWN TRIBE
* BILL TO SAME	ING WATER RESULTS
(LAB USE ONLY) DRINK	SATISFACTORY
☐ UNSATISFACTORY, coliforms present  REPEAT ☐ E. Coli present ☐	F Coli absent Coliforms absent
REPEAT	The state of the s
SAMPLES REQUIRED Fecal present	Fecal absent
OTHER LABORA	TORY RESULTS
	E. COLI/100 ml
TOTAL COLIFORM /100 ml	TO PLATE COUNT/ml
FECAL COLIFORM	PLEREQUIRED
The state of the second of the	TEST UNSUITABLE BECAUSE:
SAMPLE NOT TESTED BECAUSE:	Confluent growth
□ Sample too old	
	□ TNTC
	REGION Turbid culture
OFFICE	UP THE EXCOSE
DEVERSE SIDE OF GREEN CO	OPY FOR EXPLANATION OF RESULTS
LAB NO. (7 DIGITS)  DATE	, TIME RECEIVED
LAB NO. (/ DIGITS)	107 12:20p EM
092-05914	
DATE REPORTED LABORAT	ORY:
A THE PROPERTY OF	

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P	ounty Environ 223 E. 4th St. Stort Angeles, W (360) 417-2	A 98362 334	109	
COLIFC	RM BACTE	RIA AN	ALYSIS	
Date Sample Collected	Time Sam		County	
	Collecte			
414107	10 3	1 AM	CLALLAM	
Month Day Year	10.3	<u> </u>		-
Type of Water System (check o	nly one box)		hold	
Group A Public	□Pr	ivate House	glolu	
Group B Public	01	ner	s Inventory (WFI):	
Group A and Group B Systems	- Provide from W	ater raciille	55 Illycholy (****)	
ID# <u>F</u> <u>H</u> 3			NTHO	
System Name: 7 C6	iE CARR	211		
	IE CHAR	Cell Phone:	:( )	
	1-4631		)	
Eve. Phone: ( ) 5 8  Send results to: (Print full name, a	2 7071			
Send results to: (Print full Hame, of	CARROLL			_
10 27 0	a Blun	Hiwi	<del>4</del> <i>y</i>	
		70-	0	
SEavim 1	NA 78	382	ON	
	SAMPLE INF	ORMAII	ON	
Sample collected by (name)	1	CKER	I -its and type of faucet):	
Specific location where sam	nple collected (add	ress or samp	En Sink	
	ments:	-2.2	TO'BE	
* BILL T	o Jame	#1 through	#4 listed below)	
Type of Sample (must che	eck only one box o	2   Rep	eat Sample (follow-up	
1. Routine Distribution	n Sample	to a	n unsatisfactory sample)	
Provide information below			formation below.	
Chlorinated: YesN	Eroo		ctory routine lab number:	
Chlorine Residual: Total_				
3. Raw Water Source Required for Surface Wat	er GWI, and	Unsatisfa	actory routine collect date:	
some Spring Sources	,			
some Spring Sources		Chlorinat	ted: Yes No	
S		Chlorine	Residual: Total Free	-
Public Systems must provide Source	Number from (WFI)			
4. ☐ Sample Collected	for Information C	nly	dence Other	
Construction R	epairsF	rivate Resid	PESULTS LABUSE C	NIY
LAB USE ONLY	DRINKING \	VAIER	Satisfactory	party a
☐ Unsatisfactory		ID	E E V	5 n
Total Coliform Prese	ent and			
☐ E.coli present	☐ E.coli a	bsent	ont app 1 o 2007	III
☐ Fecal coliform pres	ent    Fecal c	colitor in aus	TAPK 1 U COST	
☐ Replacement Sam	iple Required	_	La cuitable bacaristica atom 10	
Sample not tested bec		1	t unsuitable begause GION 10 TNTC OFFICE OF WATER	
☐ Sample too old (>3		-	Turbid culture	todayes likeway
☐ Improper Containe	er		Turbia cartaro	
			/ml. E.coli	/100ml.
Bacterial Density Res	ults: Plate Count	Facal Co	oliform/100m	
Total Coliform		I GUAI UI	Date and Time Received	Co.
Method Code:			4/4/07 12:2	Open
MICR- 2720	4-4-6	7	Date Reported: 4-5	707
Date Analyzed:	7 7 0		Lab Use Only: Bur	
092 0591	2			
Sample Number (DOH num DOH Form #331-319 (revised	ber plus five digits)			



### COLIFORM BACTERIA ANALYSIS

OOLII OINII DA	CILIN	IN AIN	ALISIS
	e Sample ollected	)	County
3 122107		À AM	CLALLAM
Month Day Year	29	☐ PM	CCACCAM
Type of Water System (check only one box)			
Group A Public	Private	e Housel	nold
Group B Public	Other_		
Group A and Group B Systems – Provide fro	m Water	Facilities	Inventory (WFI):
ID# <u> </u>	2	6	
System Name: 7 CEDALS CASS	no	mx	in KiTCHEN
Contact Person: Vickie CA	RROL	.C	
Day Phone: ( ) 683-4659	Cell F	Phone: (	)
Eve. Phone: ( ) 582-9049		(	)
Send results to: (Print full name, address and zip co			
DICKIE CARROL			
1033 OLO BLY	nh	fiwi	14
SEQUIM WA 98	382	_	
SAMPLE IN	IFORM	ATION	
Sample collected by (name):			
J BEC			
Specific location where sample collected (add	dress or s	sample s	ite, and type of faucet):
Special instructions or comments:	4.70	-116-	}
* BILL TO JAM	ESTOS	07	TRIBE
Type of Sample (must check only one box o			
1. Routine Distribution Sample	2. 🗌 R	epeat Sa	ample (follow-up
Provide information below.	to	an uns	atisfactory sample)
Chlorinated: Yes NoX	Provide	informa	tion below.
Chlorine Residual: Total Free	Unsatis	factory r	outine lab number:
3. Raw Water Source Sample			·
Required for Surface Water, GWI, and	Unsatis		outine collect date:
some Spring Sources	Ohlasia		
S			s No al: Total Free
Public Systems must provide Source Number from (WFI)	CHIOTHE	e Residu	ai. Total Free
4. ☐ Sample Collected for Information Onl	ly		
Construction Repairs Priv	rate Resid	dence	Other
LAB USE ONLY DRINKING WA	ATER R	ESUL	TS LAB USE ONLY
☐ Unsatisfactory		X	Satisfactory
Total Coliform Present and	[D]	EC	FIVED
☐ E.coli present ☐ E.coli abse		<u> </u>	
☐ Fecal coliform present ☐ Fecal coliform	orm abse		2 2 2007
Replacement Sample Required	111 11	MAI	7 2 1 2001
Sample not tested because:	Test	unsuitabl	e because:
Sample too old (>30 hours)	□ TI	NTC U.S	EPA REGION 10
Improper Container		urbid cul	FICE OF WATER
LJ			
Bacterial Density Results: Plate Count		_/ml. E.c	
	ecal Colife		/100ml.
Method Code: MICR- <u>2</u> <u>7</u> <u>2</u> <u>0</u>			and Time Received:
	7		Reported: 3-23-07
Date Analyzed: 3-22-07			se Only: Bus
092 05846			
Sample Number (DOH number plus five digits)			

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### WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLL	ECTION;	READ I	NSTR	UCTI(	ONS	THO	ROUGHLY
DATE COLLECTED	) TIME	COLLE	CTED	COU	NTY I	NAME	
MONTH DAY YE	AR	0:2	27				
31510		AM $\square$				44	AM
TYPE OF SYSTEM	IF PUBLIC	SYSTE	M, COM	PLETE	:	10	
PUBLIC	LD NO						CIRCLE GROUP
(serves only 1 residence)	I.D. NO.	III	13	8	2	6	A B
				110 3			l
NAME OF SYSTEM							
SEVEN	06	DAR	ς (	CA	Sil	20	
SPECIFIC LOCATION WHE			D TEL	EPHO	NE N	Ο.	
CA-01			DAY	(	6	181	-4659
A	_	_			2.244	7/ 1	OF THURSDAY
RAWW	ATER !	1 AB					8z-9049
SAMPLE COLLECTED	BY: (Name	9)	SYS	TEM (	OWNE	ER/M	GR: (Name)
J BECKE	1		1	A	NE	SS	5
	ROUND WA	ATER UN	IDER SU	JRFAC	E INF	LUE	NCE
SURFACE WELL	or S	PRING	□ PU	RCHA	SED	or 🗆	COMBINATION
SEND REPORT TO: (F	LFIELD	Addw		ERTIE	885	Or All	or OTHER
VICKIE			ess and	7637	150		A-PETABAL
1033 0	CD B	Lyn	Hi	NAI	1		
1033 0 SEQUIM	UA 9	838	2	W	SHIN	IGTO	N - TO F
TYPE OF SAMPLE	64 . 25	42.5 10	or ex	The said	7.11	die i	the Control
(check only one in the	nis column		4. (116)				New Addition
□ ROUTINE			Chlorir Filtere		Resid	ual:_	TotalFree)
DRINKING WATE	R		Untrea		Other		
check treatment							
☐ REPEAT SAMPLE	200	roger L	ab #	10. 2			
Previous coliform p	resence	D	ate				e westernal (1)
X RAW SOURCE W.	ΔTER	S	ource #	S	0	1	☐ Total Coliform
☐ NEW CONSTRUC			ouroo n	0			Fecal Coliform
☐ OTHER (Specify)_	AL PHOS	1 12 1 1 1 1 1	12 (362)		COLDER OF		13: 1: 1-
REMARKS:	rene Lor	11.00	167.	37.1	100	910	authus i
* BILL 7	0 51	AMES	TOW	M	TA	(it	SE
(LAB	USE ONL	Y) DRINK	ING W	ATER I	RESU	LTS	
☐ UNSATISFACTOR	Y, coliforms	present				SA	TISFACTORY
	. Coli prese	ent 🗆	E. Coli	absent	1	Col	iforms absent
SAMPLES REQUIRED D	ecal preser	nt - 🖂	Fecal a	bsent	4		Liter/fec-
	OTHER L	ARORA	TORV B	FSIII	TS /	ne	thed_
TOTAL COLIFORM	/100 m		400	. COLI		/100	9222P
FECAL COLIFORM_	< 1/100 m	Contra Fragire		LATE	SOLD FOR	-	/ml
15 E	ANOTH	ER SAM			Ser Line		- 1- 1- 1-
	5 6	I U	15				25
SAMPLE NOT LESTE	D BECAUS	SE:		11.111			ECAUSE:
☐ Sample too old	MAR I	2 200	17	onflue	nt gro	wth	Eligible # Superior
☐ Wrong container				NTC	13:51		
☐ Incomplete form	U.O. EDA	DEGION	THE PERSON NAMED IN COLUMN	urbid c			
= 1 1 1 1	U.S. EPA OFFICE	NEGIUN OF WATER	U □E	xcess	uebris		
SEE REVERSE SIL	DE OF GRE	EN COP	Y FOR I	EXPLA	NATI	ON O	F RESULTS
LAB NO. (7 DIGITS)		DATE, 7	IME RE	CEIVE	D		
092-0515	1	9-	1	UIO S	Mil	AMO	PLF ACTION
DATE DEPOSITED	1 LAD	S-C-C	1 15	1,25	>Pr	7)	uma
THE REPUBLIED	I I AR	1HA 1 ( )H	Y .				

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## WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION; READ INSTRUCTIONS THOROUGHLY

COUNTY NAME

CLALLAM

CIRCLE GROUP

A В

TIME COLLECTED

10 36

🖹 AM 🗌 PM

IF PUBLIC SYSTEM, COMPLETE:

DATE COLLECTED

MONTH DAY YEAR

TYPE OF SYSTEM PUBLIC

INDIVIDUAL

(serves only 1 residence)

10

I.D. NO.

SEVEN CEDARS CI	10 10	
CIFIC LOCATION WHERE SAMPLE COLLECTED	TELEPHONE NO.	18.00
	DAY( ) 68	1-4659
A-05		
MAIN BAR SINK	EVENING ( ) 5	82-9049
MPLE COLLECTED BY: (Name)	SYSTEM OWNER/M	IGR: (Name)
T BECKER	A NESS	ERMINIA
DURCE TYPE GROUND WATER UNDE	ER SURFACE INFLUI	ENCE and and a
SURFACE WELL or SPRING	☐ PURCHASED or [ INTERTIE	COMBINATION
END REPORT TO: (Print full Name, Address	s and Zip	UNBATISFAC
1033 OLD BL	44 Hiway	i undired inn
SEQUIM WA 98383	WASHINGT	ON
DRINKING WATER — Check treatment	Filtered Untreated or Other	
REPEAT SAMPLE Lai Previous coliform presence Da	te	MAR TABLEMAN
		T
☐ RAW SOURCE WATER So☐ NEW CONSTRUCTION or REPAIRS☐ OTHER (Specify)	urce # S	
NEW CONSTRUCTION or REPAIRS OTHER (Specify)	Town TR	
NEW CONSTRUCTION of REPAIRS OTHER (Specify)  REMARKS: (LAB USE ONLY) DRINK	TOWN TRI	□ Fecal Coliform
NEW CONSTRUCTION or REPAIRS OTHER (Specify)  REMARKS: (LAB USE ONLY) DRINK UNSATISFACTORY, coliforms present	TOWN TRI	□ Fecal Coliform  BE  SATISFACTORY
NEW CONSTRUCTION or REPAIRS   OTHER (Specify)   REMARKS:   I TO JAMS   (LAB USE ONLY) DRINK   UNSATISFACTORY, coliforms present   REPEAT   E. Coli present   CAMPLES	TOWN TRI	□ Fecal Coliform
NEW CONSTRUCTION or REPAIRS OTHER (Specify)  REMARKS: (LAB USE ONLY) DRINK UNSATISFACTORY, coliforms present	TOWN TRI	□ Fecal Coliform  BE  SATISFACTORY
NEW CONSTRUCTION or REPAIRS   OTHER (Specify)	ING WATER RESULT	□ Fecal Coliform  BE  SATISFACTORY
NEW CONSTRUCTION or REPAIRS   OTHER (Specify)	ING WATER RESULTS	Fecal Coliform
NEW CONSTRUCTION or REPAIRS   OTHER (Specify)	ING WATER RESULT  E. Coli absent  Fecal absent  TORY RESULTS  E. COLI	Fecal Coliform  BE  SATISFACTORY Coliforms absent
NEW CONSTRUCTION or REPAIRS   OTHER (Specify)	ING WATER RESULT  E. Coli absent  Fecal absent  TORY RESULTS  E. COLI/ PLATE COUNT	Fecal Coliform  BE  SATISFACTORY Coliforms absent
NEW CONSTRUCTION or REPAIRS   OTHER (Specify)	ING WATER RESULT  E. Coli absent  Fecal absent  TORY RESULTS  E. COLI  PLATE COUNT  PLE REQUIRED	Fecal Coliform  BE  SATISFACTORY Coliforms absent
NEW CONSTRUCTION or REPAIRS   OTHER (Specify)	ING WATER RESULT  E. Coli absent  Fecal absent  TORY RESULTS  E. COLI  PLATE COUNT  PLE REQUIRED  TEST UNSUITABLE	Fecal Coliform  BE  SATISFACTORY Coliforms absent
NEW CONSTRUCTION or REPAIRS   OTHER (Specify)	ING WATER RESULT  E. Coli absent  Fecal absent  TORY RESULTS  E. COLI PLATE COUNT  PLE REQUIRED  TEST UNSUITABLE  Confluent grow	Fecal Coliform  BE  SATISFACTORY Coliforms absent
NEW CONSTRUCTION or REPAIRS   OTHER (Specify)	ING WATER RESULT  E. Coli absent  Fecal absent  TORY RESULTS  E. COLI  PLATE COUNT  PLE REQUIRED  TEST UNSUITABLE  Confluent grow	Fecal Coliform  BE SATISFACTORY Coliforms absent
NEW CONSTRUCTION or REPAIRS   NEW CONSTRUCTION or REPAIRS   OTHER (Specify)   NEMARKS:   CLAB USE ONLY) DRINK   UNSATISFACTORY, coliforms present   REPEAT   E. Coli present   SAMPLES   REQUIRED   Fecal present   OTHER LABORA   TOTAL COLIFORM   100 ml   FECAL COLIFORM   100 ml   SAMPLE NOT   RESTED BECAUSE:   Sample too old   Wrong container   Incomplete form   Incompl	ING WATER RESULT  E. Coli absent  Fecal absent  TORY RESULTS  E. COLI  PLATE COUNT  PLATE COUNT  TEST UNSUITABLE  Confluent grow  TNTC  Turbid culture	Fecal Coliform
NEW CONSTRUCTION or REPAIRS   OTHER (Specify)	ING WATER RESULTS  E. Coli absent  Fecal absent  TORY RESULTS  E. COLI PLATE COUNT  PLE REQUIRED  TEST UNSUITABLE  Confluent grow  TNTC  Turbid culture  ON 10 Excess debris	Fecal Coliform
NEW CONSTRUCTION or REPAIRS  OTHER (Specify)  (LAB USE ONLY) DRINK  UNSATISFACTORY, coliforms present REPEAT	ING WATER RESULT  E. Coli absent  Fecal absent  TORY RESULTS  E. COLI  PLATE COUNT  PLATE COUNT  PLATE COUNT  PLATE COUNT  TEST UNSUITABLE  Confluent grow  TNTC  Turbid culture  ON 10 Excess debris	Fecal Coliform
NEW CONSTRUCTION or REPAIRS   NEW CONSTRUCTION or REPAIRS   OTHER (Specify)	ING WATER RESULT  E. Coli absent  Fecal absent  TORY RESULTS  E. COLI  PLATE COUNT  PLATE COUNT  PLATE COUNT  PLATE COUNT  TEST UNSUITABLE  Confluent grow  TNTC  Turbid culture  ON 10 Excess debris	Fecal Coliform
NEW CONSTRUCTION OF REPAIRS  NEW CONSTRUCTION OF REPAIRS  OTHER (Specify)  (LAB USE ONLY) DRINK  (LAB USE ONLY) DRINK  UNSATISFACTORY, coliforms present  REPEAT	ING WATER RESULT  E. Coli absent  Fecal absent  TORY RESULTS  E. COLI  PLATE COUNT  PLATE COUNT  PLATE COUNT  PLATE COUNT  TEST UNSUITABL  Confluent grow  TNTC  Turbid culture  ON 10 Excess debris  ALER  PY FOR EXPLANATIO  TIME RECEIVED	Fecal Coliform  BE SATISFACTORY Coliforms absent  100 ml
NAW CONSTRUCTION OF REPAIRS NEW CONSTRUCTION OF REPAIRS OTHER (Specify)  (LAB USE ONLY) DRINK UNSATISFACTORY, coliforms present REPEAT	ING WATER RESULTS  E. Coli absent  Fecal absent  TORY RESULTS  E. COLI  PLATE COUNT  PLATE COUNT  PLATE COUNT  TEST UNSUITABL  Confluent grow  TNTC  Turbid culture  ON 10 Excess debris  ATER  PY FOR EXPLANATION  TIME RECEIVED  RY:	Fecal Coliform  BE SATISFACTORY Coliforms absent  100 ml

223 E. 4th St. Suite 14 Port Angeles, WA 98362 (360) 417-2334

### WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION; READ INSTRUCTIONS THOROUGHLY

COUNTY NAME

TIME COLLECTED

DATE COLLECTED

MONTH DAY YEAR 2 /20 /07	9:10 X AM PM	CLALL	AM
TYPE OF SYSTEM IF F	PUBLIC SYSTEM, COM		•
, ,	. NO. I H 3	826	CIRCLE GROUP
NAME OF SYSTEM	Notes of the	up tealors ac.	
7 CEDAS  SPECIFIC LOCATION WHERE SA	RS CASIA	EPHONE NO.	
CA-03		(() 683	-4659
MAIN KITCHEN SAMPLE COLLECTED BY:		ENING ( ) 57	82-9049 GR: (Name)
J BECKEN	11 11 11 11	NESSE	,
SOURCE TYPE GROU			
SURFACE WELL or WELL FIE	□ SPRING □ PU	RCHASED or  FERTIE	COMBINATION or OTHER
SEND REPORT TO: (Print f	CARROLL	JUGAT PLISU	A-IEN ABOTT
1033 061		liway	
Stayin WA	98382	WASHINGTO	N
TYPE OF SAMPLE (check only one in this c	olumn)	natad (Panidual)	Total Fron
	Filtere		
☐ REPEAT SAMPLE  Previous coliform prese	Lab # ence Date		Linds nonw MakCost
☐ RAW SOURCE WATER ☐ NEW CONSTRUCTION ☐ OTHER (Specify)			□ Total Coliform □ Fecal Coliform
REMARKS: BILL T	o JAMESTO	WN TR	iBE
(LAB USE	ONLY) DRINKING W	ATER RESULTS	3011
UNSATISFACTORY, co REPEAT □ E. Col SAMPLES REQUIRED □ Fecal	i present	absent Co	TISFACTORY liforms absent
TO 101	HER LABORATORY F	ESULTS	er er
of a single rathers		COLI/100	
A	NOTHER SAMPLE RE	QUIRED	
SAMPLE NOT TESTED BE	11 1 1 11 11	UNSUITABLE B	ECAUSE:
☐ Wrong container		NTC	- Alcella Jan
☐ Incomplete form	EB 2 7 2006T	urbid culture	" 1017
	rom 8 am DE	xcess debris	. 1 h92 1 1 2 10 0
SEE REVERSE SIDE O	U <sub>1</sub> U <sub>2</sub> 101		F RESULTS
LAB NO. (7 DIGITS)	OFF CDATE, TIME RE	CEIVED	
092-05591	2-20-07	10:30Am	wne
DATE REPORTED	LABORATORY:		
WHITE - DP Center Copy	BLUE - Laboratory Copy	GREEN - Water S	Supplier Copy

COLIFO	RM BAC	TERIA AN	IALYSIS		
Date Sample Collected		Sample ected	County		
2/6/07	0	AM 🔯	Clallan		
Month Day Year		PM			
Type of Water System (check on					
☐ Group A Public		Private House			
☐ Group B Public		Other N			
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):					
ID# I H 3	8 3	26			
System Name: 7	des	, co	sin		
Contact Person:	in C	RINU			
Day Phone: ( )631	1659	Cell Phone:	( )		
Eve. Phone: ( ) 532	9449	FAX: (	)		
Send results to: (Print full name, add		RRUL	_		
	- 4	3 LYN	. 0		
86 Q W		14	9832		
		FORMATIO	INI		
	AMPLE IN	FORMATIO	714		
Sample collected by (name):	Bed	Les			
Specific location where sample	collected (add	ress or sample	e site, and type of faucet):		
		S W	ashru		
	TAKE	5700			
Type of Sample (must check of	nly one box o				
1. Routine Distribution Sa	mple		Sample (follow-up		
Provide information below.		to an u	insatisfactory sample)		
Chlorinated: Yes No_>	<u> </u>		mation below.		
Chlorine Residual: Total	Free	Unsatisfactor	ry routine lab number:		
3. Raw Water Source Sam	ple				
Required for Surface Water, G	WI, and	Unsatisfacto	ry routine collect date:		
some Spring Sources			N- N-		
s			YesNo		
	France CA/CIV	Chlorine Res	sidual: Total Free		
Public Systems must provide Source Number		l			
4. Sample Collected for In Construction Repairs			e Other		
LAB USE ONLY DR	MINNING W	AILK KES	Satisfactory		
Unsatisfactory			Janislactory		
Total Coliform Present and		cont			
☐ E.coli present	E.coli abs	and the same of th	57		
Fecal coliform present		iform absent			
☐ Replacement Sample Re	quired				
Sample not tested because:	010	THE THEK	uitable because:		
☐ Sample too old (>30 hours	1016	TNTC			
☐ Improper Container		A CO	d culture		
	TO PERMIT	NATER			
Bacterial Density Results: Pla	te Count		II. E.coli/100ml.		
Total Coliform	/100ml.	Fecal Coliform			
Method Code:			Date and Time Received: 2-6-01 12 14 0 Pm		
MICR- 2 7 2 0	5 5 7		Date Reported: 2 - 7-07		
Date Analyzed: 2-6	5-07		ab Use Only: pu		
092 05467	digite\				
Sample Number (DOH number plus five DOH Form #331-319 (revised 8/05)	e aigits)				

COLIFORM BACTERIA ANALYSIS					
Date Sample Collected	Time S Colle		County		
216107	10	MA AM	Calla		
Month Day Year	10	V ✓ □ PM	Cole Cole		
Type of Water System (check or		Debugts 12	hold		
Group A Public		Private House	TN-		
☐ Group B Public					
Group A and Group B Systems	and the second	vvater Facilities	s inventory (VVF1):		
D# 1 H 3	8 5	10	~ 8		
System Name: 7 Q	dans	, Ca	31/1		
Contact Person: VICKED CARROLL					
Day Phone: ( ) 68 1	4659	Cell Phone: (	()		
Eve. Phone: ( )532	9049	FAX: (	)		
Send results to: (Print full name, add	- 00	Rou			
10330	LD F	MYN	HWY		
SEQU	LIM	WA	98381		
	SAMPLE IN	FORMATIO	N		
Sample collected by (name):	J Be	de			
Specific location where sample					
CA-01 1	au a				
Special instructions or commer	AMB	STOW	NTRIBE		
Type of Sample (must check of			listed below)		
1. Routine Distribution Sa			Sample (follow-up		
Provide information below.		to an u	n unsatisfactory sample)		
Chlorinated: Yes No	orinated: YesNo Provide in		ormation below.		
Chlorine Residual: Total			y routine lab number:		
	Raw Water Source Sample				
Required for Surface Water, G	WI, and		y routine collect date:		
some Spring Sources					
s 0 1			d: Yes No		
Chlorine		Chlorine Resi	idual: Total Free		
Public Systems must provide Source Number  4. Sample Collected for II		ly	2		
Construction Repairs			Other		
	RINKING W				
☐ Unsatisfactory			Satisfactory		
Total Coliform Present and	d				
☐ E.coli present	☐ E.coli abs	ent			
☐ Fecal coliform present	☐ Fecal colif	orm absent	EIVEN		
☐ Replacement Sample Re	equired	11/15			
Sample not tested because:		Test unsui	table because:		
☐ Sample too old (>30 hour	s)	TNTC	1 1 200		
☐ Improper Container		☐ Turbid	culture CION 10		
		U.S	S. EPA REGION 10 FFICE OF WATER		
Bacterial Density Results: Pla	ate Count		. E.coli/100ml.		
Total Coliform		ecal Coliform_	/100ml.		
Method Code: Mrck-1140			ate and Time Received:		
MIGR 2720			2-6-07 12:40PM		
Date Analyzed: 2-6-07			ate Reported: 2-1-07		
092 05469			ab Use Only: Mou		
Sample Number (DOH number plus fiv DOH Form #331-319 (revised 8/05)	re digits)				
DOLL LOLLI #22 1-218 (LeAized 0/02)					

### Clallam County Environmental Health 223 E. 4th St. Suite 14 Port Angeles, WA 98362 (360) 417-2334 **COLIFORM BACTERIA ANALYSIS** County Date Sample Collected Time Sample Collected 17/07 $\square$ AM Month Day Year Type of Water System (check only one box) ☐ Private Household Group A Public Other NTN Group B Public Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): 2 System Name: \* Contact Person: Cell Phone: ( Day Phone: ( FAX: ( Eve. Phone: ( Send results to: (Print full name, address and zip code) SAMPLE INFORMATION Sample collected by (name): Specific location where sample collected (address or sample site, and type of faucet): Special instructions or comments: TESIMA Type of Sample (must check only one box of #1 through #4 listed below) 2. Repeat Sample (follow-up 1. Routine Distribution Sample to an unsatisfactory sample) Provide information below. Provide information below. Chlorinated: Yes\_\_\_\_\_No\_ Unsatisfactory routine lab number: Chlorine Residual: Total\_\_\_\_ Free 3. Raw Water Source Sample Unsatisfactory routine collect date: Required for Surface Water, GWI, and some Spring Sources Chlorinated: Yes\_\_\_\_ No Chlorine Residual: Total\_\_\_\_ Free Public Systems must provide Source Number from (WFI) 4. ☐ Sample Collected for Information Only Private Residence Repairs\_ LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY ☐ Satisfactory Unsatisfactory Total Coliform Present and ☐ E.coli present E.coli absent Fecal coliform absent Fecal coliform present Replacement Sample Required ANTest unsuitable pecause: Sample not tested because: Sample too old (>30 hours) Turbid culture EPA REGION 10 ICE OF WATER ☐ Improper Container /ml. E.coli Bacterial Density Results: Plate Count /100ml. Fecal Coliform\_ Total Coliform MICR-1140 Date and Time Received Method Code: Date Reported: Date Analyzed: Lab Use Only: 0531 Sample Number (DOH number plus five digits) OOH Form #331-319 (revised 8/05)



COLIFORM BACTERIA ANALYSIS				
Date Sample Collected	Time S		e Co	ounty
inon	Colle	-34	00 1	
Month Day Year	9 3	AM PM	Ca	la
Type of Water System (check or	nly one box)			
Group A Public		Private Housel	nold .	
Group B Public		Other N	TNC	
Group A and Group B Systems	-		s Inventory (WF	-1):
Gloup A and Gloup B dystems	2 9	1 -	, ,	,
ID# 1 H S 8 2 8				
System Name: Tolar Colors				
Contact Person: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Kn (	crro'	()	
Day Phone: ( ) (63)	1659	Cell Phone:	)	
Eve. Phone: ( ) < 37	SUB	FAX: (	)	
Send results to: (Print full name, add	dress and zip cod	(1a)		79
1,772.3	101	RL	1/4-	
2	2 ( 0	1000	a Dr. Fr	)
<u> </u>	m (	ry 7	70700	
	SAMPLE IN	FORMATIO	N	
Sample collected by (name):	di	+		
Specific location where sample	collected (add	ress or sample	site, and type of	of faucet):
CA-03	wor	Kitch	ra SIX	18
Special instructions or commer	nts:	12 1/2	34 -	TIME
Type of Sample (must check	anly and have	#1 through #4	listed helow)	INITE
				v-un
1. Routine Distribution Sa	impie		eat Sample (follow-up n unsatisfactory sample)	
Provide information below.	1		nformation below.	
Ciliorinated. 163No			v routine lab nu	mber:
Chlorine Residual: Total  3. Raw Water Source San		Onodiorasio	,	2 22
Required for Surface Water, G		Unsatisfactor	y routine collec	t date:
some Spring Sources		/		
		Chlorinated:	YesNo_	
S			idual: Total	
Public Systems must provide Source Number	from (WFI)			
4. Sample Collected for I	nformation On	ly		
Construction Repairs Private Residence Other				
LAB USE ONLY DI	RINKING W	ATER RES	JLTS LA	B USE ONLY
☐ Unsatisfactory			Satisfacto	ry
Total Coliform Present an	d			
☐ E.coli present	☐ E.coli abs	ent		· ¬
☐ Fecal coliform present ☐ Fecal coliform absent				
Replacement Sample Required				
Sample not tested because:				
Sample not tested because:  Sample too old (>30 hours)				
☐ Improper Container ☐ Turbid culture				
U.S. ERAREGION 10				
Bacterial Density Results: Pl	- (	FFICE OF WA	. E.coli_	/100ml.
Total Coliform		ecal Coliform		/100ml.
Method Code: Date and Time Received:			Received:	
MICR- 2 7 2 0			1-17-07	12:10
Date Analyzed: /- 18-0 7			ate Reported:	1-18-07
C 5313 Lab Use Only: Bus			BUS	
092 O 5 7 1	ve digite)			
Sample Number (DOH number plus fi DOH Form #331-319 (revised 8/05)	ve uigitā)			

### **COLIFORM BACTERIA ANALYSIS**

Date Sample Collected		Sample	County
1,17,07	Colle	ected	FMAKITI
Month Day Year	90	M AM  S □ PM	Woller
Type of Water System (check or	nly one box)	THE REAL	PINTERS BEST
Group A Public		Private Househ	nold
☐ Group B Public ☐ Other ☐ Other			
Group A and Group B Systems	- Provide from	Water Facilities	Inventory (WFI):
ID# 1 1 1 3	8 2	0	
The transport of the party of t			
System Name: Contact Person:			
Day Phone: ( ) Cell Phone: ( )			
	50-15		)
Send results to: (Print full name, add	dress and zin code	9)	
VICE.	o CCI	(3)	west to an about of
1933	610	Bhi	Alley
Spa	Annual Control	UA'.	3000
	SAMPLE INI	FORMATION	V
Sample collected by (name):	A A	JUNE	
) Sec	br		and the control of th
Specific location where sample collected (address or sample site, and type of (aucet):			
Special instructions or commer	nts:	I you	SU-TRISE
Type of Sample (must check of	only one boy of	TO SEE STATE OF THE PARTY OF TH	
1. Routine Distribution Sa			Sample (follow-up
Provide information below.	imple		satisfactory sample)
Chlorinated: YesNo	1	Provide information below.	
Chlorine Residual: Total		Unsatisfactory routine lab number:	
3. Raw Water Source Sam		10	
Required for Surface Water, GWI, and		Unsatisfactory routine collect date:	
some Spring Sources		The second second second	<del>isi Jawa                                  </del>
S		Chlorinated: Yes No	
Dublic Contents and the Course Number	from (AAEI)	Chlorine Resid	dual: Total Free
Public Systems must provide Source Number  4. Sample Collected for In		v	PLANTAGE OF LIGHT AND ASSESSED.
			Other
	RINKING WA		
☐ Unsatisfactory		V	✓ Satisfactory
Total Coliform Present and		/	Carried and the second
☐ E.coli present ☐ E.coli absent			
☐ Fecal coliform present ☐ Fecal coliform absent			
Replacement Sample Required 5 5 5 V 5			
Sample not tested because: Test unsuitable because			
Sample too old (>30 hours) JAN 2 TBTC/UU/			
☐ Improper Container ☐ Turbid culture			
U.S. EPA REGION 10			
Bacterial Density Results: Plate Count OFFICE OF/m/AEGoli /100ml.			
Total Coliform/100ml. Fecal Coliform/100ml.			
Method Code: MICR- 2 7 2 0			te and Time Received:
		Da	te Reported:
Date Analyzed:			o Use Only:
092			Bur
Sample Number (DOH number plus five digits)			

COLIFORIVI BA	CIERIA ANALISIS		
	ne Sample County		
1 17107	AM COADA		
Month Day Year	43 DPM		
Type of Water System (check only one box)	ALTERIAL STREET		
Group A Public	☐ Private Household		
☐ Group B Public	Other_NTN C_		
Group A and Group B Systems – Provide from	om Water Facilities Inventory (WFI):		
10# <u>1 11 3 8</u>	<del>2</del> 9		
System Name: 7 (2d)	Ca Casina		
Contact Person:	alcolo de la companya del la companya de la company		
Day Phone: ( ) Look 465	Cell Phone: ( )		
Eve. Phone: ( ) 5 3 4 9 4 6			
Send results to: (Print full name, address and zip	code)		
1233 219	Bly Hour		
& SLAVE	WH 8333 F		
SAMPLE	NFORMATION		
Sample collected by (name):	Beck		
Specific location where sample collected (address or sample site, and type of faucet):			
Special instructions or comments:	T		
Type of Sample (must check only one box	of #1 through #4 listed below)		
1. Routine Distribution Sample	2. Repeat Sample (follow-up		
Provide information below.	to an unsatisfactory sample)		
Chlorinated: Yes No	Provide information below.		
Chlorine Residual: Total Free	Unsatisfactory routine lab number:		
3. Raw Water Source Sample			
Required for Surface Water, GWI, and	Unsatisfactory routine collect date:		
some Spring Sources			
IsDI tecal	Chlorinated: YesNo		
Public Systems must provide Source Number from (WFI)	Chlorine Residual: Total Free		
4. Sample Collected for Information C	only		
Construction Repairs F			
	VATER RESULTS LAB USE ONLY		
Unsatisfactory	Satisfactory		
Total Coliform Present and			
☐ E.coli present ☐ E.coli absent			
☐ Fecal coliform present ☐ ☐ Fecal coliform absent ☐ ☐			
Replacement Sample Required			
Sample not tested because: Test unsuitable because:			
☐ Sample too old (>30 hours) JAN 2 👸 TATC			
☐ Improper Container ☐ Turbid culture			
U.S. EPA REGION 10			
Bacterial Density Results: Plate Count OFF	TCE OF WAT mi. E.coli /100ml.		
Total Coliform/100ml. Fecal Coliform/100ml.			
Method Code: Mic Received: Date and Time Received:			
MICR-2720/_	111011010		
Date Analyzed: /-/7-07	Date Reported: / -/7 07		
092 05312	Lab Use Only		
Sample Number (DOH number plus five digits)			

223 E. 4th St. Suite 14 Port Angeles, WA 98362 (360) 417-2334

## WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION; READ INSTRUCTIONS THOROUGHLY
DATE COLLECTED TIME COLLECTED COUNTY NAME
MONTH DAY YEAR 9:13 COARDAN
1 1 0 10 1 E AM E FW
THE IC
INDIVIDUAL I.D. NO. 1 1 3 8 2 CIRCLE GROUP
(serves only 1 residence)
NAME OF SYSTEM
1 Codors Coom
SPECIFIC LOCATION WHERE SAMPLE COLLECTED TELEPHONE NO.
CA-01 DAY() 6814654
(au water top EVENING() 582 9049
SAMPLE COLLECTED BY: (Name) SYSTEM OWNER/MGR: (Name)
J Becky A Ness
SOURCE TYPE GROUND WATER UNDER SURFACE INFLUENCE
□ SURFACE → WELL or □ SPRING □ PURCHASED or □ COMBINATION WELL FIELD INTERTIE or OTHER
SEND REPORT TO: (Print full Name, Address and Zip
VICKIE CARROLE
1033 OLD BLYN HWY
SEQUIM WASHINGTON 98282
TYPE OF SAMPLE (check only one in this column)
☐ Chlorinated (Residual:TotalFree)
☐ ROUTINE ☐ Filtered  DRINKING WATER → ☐ Untreated or Other
□ REPEAT SAMPLE Lab # Date Date Date Date
RAW SOURCE WATER Source # S O Total Coliform  NEW CONSTRUCTION or REPAIRS
☐ OTHER (Specify)
REMARKS: BILL ) AMESTOWN TRIBE
A Die OHI COLO
(LAB USE ONLY) DRINKING WATER RESULTS
☐ UNSATISFACTORY, coliforms present  REPEAT ☐ E. Coli present ☐ E. Coli absent  Coliforms absent
SAMPLES
REQUIRED   Fecal present   Fecal absent   Inching
OTHER LABORATORY RESULTS
TOTAL COLIFORM/100 ml E. COLI/100 ml
FECAL COLIFORM 100-mi PLATE COUNT /ml
ANOTHER SAMPLE REQUIRED
SAMPLE NOT TESTED BECAUSE: TEST UNSUITABLE BECAUSE:
□ Sample too dib
☐ Wrong container ☐ TNTC
☐ Incomplete form U.S. EPA REGION ☐ UITO urbid culture  OFFICE OF WATER Excess debuts
The state of the s
SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS
LAB NO. (7 DIGITS) DATE, TIME RECEIVED
092-05277 1-10-06 11:40AM Wma
DATE REPORTED LABORATORY:
The second secon

WHITE - DP Center Copy BLUE - Laboratory Copy GREEN - Water Supplier Copy

223 E. 4th St. Suite 14 Port Angeles, WA 98362 (360) 417-2334

## WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION; READ INS	TRUCTIONS THOROUGHLY
DATE COLLECTED TIME COLLECTE	
MONTH DAY YEAR 9:25	Callan
1 / 10 /07 AM PN	ALIO MES IFIL
TYPE OF SYSTEM IF PUBLIC SYSTEM, C	COMPLETE:
PUBLIC	CIRCLE GROUP
INDIVIDUAL I.D. NO. TH	SOZO ABANC
(serves only 1 residence)	Cares of the composition of the end of the composition of the end of the composition of t
NAME OF SYSTEM	ක් දකු pasty ක් ලකුරුවන මෙනේ.
1 Class	ANNO
SPECIFIC LOCATION WHERE SAMPLE COLLECTED	TELEPHONE NO. DAY() 6814659
A-03	DAY( ) 601 465
L-2 0 00 at	EVENING ( ) 5329049
SAMPLE COLLECTED BY: (Name)	SYSTEM OWNER/MGR: (Name)
) Becky	A Nose
SOURCE TYPE GROUND WATER UND	FR SURFACE INFLUENCE
SURFACE WELL or SPRING	□ PURCHASED or □ COMBINATION
WELL FIELD	INTERNE
SEND REPORT TO: (Print full Name, Addres	s and Zip
VICKIE CAR	CIALLIAN I
1033 040	(200%)
SEQUIM	WASHINGTON \$ 8502
TYPE OF SAMPLE	
(check only one in this column)	Chlorinated (Residual:TotalFree)
- BOUTINE	Filtered
	Untreated or Other
check treatment	
	b#
Previous comorni presente	
	ource # S
☐ NEW CONSTRUCTION or REPAIRS ☐ OTHER (Specify)	
10年—16—74 ATV ATV ATV	
REMARKS: BILL JAMES	10WATRIBE
(LAB USE ONLY) DRINK	
UNSATISFACTORY, coliforms present	SATISFACTORY
REPEAT   E. Coli present	E. Coli absent Coliforms absent
CAMPLES	
REQUIRED   Fecal present	
OTHER LABORA	TORY RESULTS
TOTAL COLIFORM/100 ml	E. COLI/100 ml
FECAL COLIFORM/100 ml	PLATE COUNT/ml
	PLEREQUIRED
SAMPLE NOT TESTED BECAUSE:	TEST UNSUITABLE BECAUSE:
Sample too old	☐ Confluent growth
□ Wrong container JAN 18	2UH TNTG L
□ Incomplete form	☐ Turbi <mark>d</mark> cultu <mark>r</mark> e
U.S. EPA REG	Excess debris
OFFICE OF M	
	TIME RECEIVED
End No. (/ Elema)	HER WHITE HE ARE BUILDING
092-05278 1-10	- DE 11:40 AM wms

DATE REPORTED WHITE - DP Center Copy

BLUE - Laboratory Copy

LABORATORY:

GREEN - Water Supplier Copy